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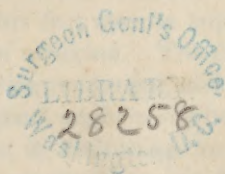
ELEMENTS

OF THE

PATHOLOGY OF THE HUMAN MIND.

BY THOMAS MAYO, M. D., F. R. S.

PHYSICIAN IN ORDINARY TO HIS ROYAL HIGHNESS THE DUKE OF SUSSEX, FELLOW OF THE COLLEGE OF
PHYSICIANS, AND LATE FELLOW OF ORIEL COLLEGE, OXFORD.



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PATHOLOGY OF THE HUMAN MIND.

BY THOMAS MAYO, M.D., F.R.S.

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INTRODUCTORY REMARKS.

The relation of physical phenomena to human happiness is amply investigated in the present day. But the direct and practical effect, which the philosophy of *mind* is calculated to produce, has received far less systematic enquiry. That this should be the case, might easily be anticipated from the different degree of precision, which the steps made in each of these pursuits are capable of obtaining. And yet, with less public estimation of their value, the few principles thus actually obtained are calculated to exert a most beneficial influence on mankind.

As instances of such discoveries, I might adduce the supremacy of conscience as established on moral grounds by Dr. Butler; and his hypothesis, that "habit strengthens active principles, and weakens passive impressions."

It is my object in these pages to bring the philosophy of mind to bear upon the conduct of life in some new points of contact.

Such considerations are at present demanded on professional grounds. The medical art is not, as formerly, limited to the cure of specific and definite disease; its application is extended widely over our habitual and ordinary state. This fact is attested by the various works on diet, on dyspepsia, on the hygiene, which flow profusely from the press. But it should be remembered, that all that class of physical measures, which such considerations suggest, is calculated to produce a corresponding portion of mischief, unless the concomitant phenomena of mind are duly appreciated. A familiar illustration of this fact may be supplied from the disorders of the dyspeptic class of mankind. The dinner pill, the careful choice of the most appropriate condiment, and the autumnal recreation of the stomach at Carlsbad, might easily be made to supersede various moral considerations, in smoothing the temper, obviating or preventing regrets, and counterbalancing disappointment. But, when it is considered, that a heavy reckoning awaits those, who rely on such palliatives as an adequate substitute for self-control, the admission, that an enquiry into the methods of obtaining this habit,

should proceed *pari passu* with the direct physical expedient, will become obvious.

It were better that we should return to the habits of our forefathers, lose blood at spring and fall, and wait till acute disorders attack us for the occasion of calling in a physician, than that we should disjoin the consideration of mental therapeutics from those of the body.

Let it, indeed, be remembered, in illustration of the noble aphorism which I have above quoted ; that the repetition of the dinner pill *may* be a diminution of its remedial virtue, while the repetition of the moral effort *must* tend to the formation of an active sanatory principle.

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PATHOLOGY OF THE HUMAN MIND.

CHAPTER I.

Primary mental disease implies *perversion, i. e. insanity or deficiency, i. e.* 1st, Brutality; 2d, Imbecility—Description of insanity more expedient than definition—Order of phenomena in an attack—Suspension of will occasioning, 1st, Moral incoherency; 2d, Incoherency of thought, *i. e.* delirium—False perceptions explained on the foregoing assumption—Insanity compared, relatively to the suspension of will, with the same state, with sleep, with inflammation of the brain—Lesion of judgment no proof of insanity.

Every morbid state may be viewed in relation to some change, which it supposes either in our material or our immaterial system: as influencing us, for example, in our capacity of reflective, observant, or imaginative beings, and again in our capacity of secreting, of absorbing, of growing, and of sentient beings.

We might give a history of inflammation of the liver in regard to the pains of thought, and the moral emotions to which it may give occasion—or again we might view it in relation to its influence on the pulse, the complexion, the sensation of pain, and the evidence of approaching suppuration.

But while the combined existence of physical and mental phenomena in every morbid state of man is admitted by us, it is equally obvious, that in *some* morbid states mental phenomena predominate, while in others there is a corresponding predominance in bodily symptoms. Thus an inflammation of the liver may be contemplated in the two relations above alluded to; but no one would hesitate to assign the primary importance to its bodily symptoms.

The limits, by which I shall confine my present views, are founded upon the above consideration; and it is my purpose to prosecute an enquiry into the elements of mental pathology, by seeking for them in that class of disorders in which mental symptoms predominate.

Now a morbid state of mind may be said to exist, either where some property essential to mind in its normal state is perverted; or

where some such property is abolished, or has been congenitally deficient.

The first class of these affections, in which these characteristics are found, I shall consider under the term insanity or madness.

The second class, I shall consider under two heads. That of brutality or absence of the moral faculty; and that of imbecility or intellectual deficiency.

"There is no word in the English language," says Dr. Haslam, "more deserving of precise definition than madness; and if those who have treated this subject, have been so unfortunate as to disagree with each other, and consequently have left their readers to reconcile their discordant opinions, yet it must be confessed, that considerable pains have been taken to convey a clear and accurate explanation of this term. Although this contrariety of sentiment has prevailed concerning the precise meaning of the word madness, medical practitioners have been sufficiently reconciled as to the thing itself. So that, when they have seen an insane person, however opposite to their definition, they have readily coincided in opinion that the patient was mad."

In these remarks of Dr. Haslam I entirely concur; and I think I shall act conformably with their spirit, in declining to offer a definition of insanity. Corresponding expressions are found in every language, and are used with a degree of confidence and unison, which in our present state of knowledge will not be advanced into further significance by any such procedure. How far the inquiry, which has led to this essay, may have helped us on our road to such a definition, remains to be proved.

In order, however, that my reader may be able to decide whether *we* mean the same thing when we use the term insanity, I will follow out the series of phenomena which have appeared to me most characteristic of that state, the succession which they observe, and the laws by which they are regulated.

Let us suppose, then, such a state to have ensued on some one of those mental affections which most frequently occasion it. I shall presently point out how large a portion of such calamities may be traced to the influence of regret or despondency, when memory or expectation suggest to the mind irremediable or inevitable evil.

Let us assume a case in which the former of these emotions is predominant. The order of phenomena in such a case will be as follows. At first we shall observe a certain dwelling upon and clinging to the painful emotion; such as is beautifully exhibited, and reasoned upon by Lady Constance.

Grief fills the room up of my absent child,
Lies in his bed, walks up and down with me,
Puts on his pretty looks, repeats his words,
Remembers me of all his gracious parts,
Stuffs out his vacant garments with his form.
Then have I reason to be fond of grief.

For some time this state is voluntarily indulged in. But pain soon predominates over pleasure, and then there takes place a series of intense efforts to shake off the influence. Meanwhile these efforts are resisted by powerful antagonists, the tendency to regret maintaining the vividness of the morbid feeling, and after a time the force of habit conspiring. And here intervenes that mysterious agency which our physical constitution exercises over the immaterial essence. The hepatic and gastric system is deranged by the morbid condition of the mind, and reacts, augmenting the mental affection. Under these conjoint influences the will seems gradually to lose its efficiency in combating the trains of painful thought, and finally sinks overpowered.

I admit the hypothetical nature of this language, and can only allege, that it tallies with phenomena, which any careful observer may notice. The intense efforts of the unfortunate person on whom insanity is advancing, and the faint and wearied efforts which succeed to these, until *all* efforts appear to cease, and the associating principle acts apparently without experiencing any control from the will, are sufficiently striking. By this time the disease has produced a certain absurd and inconsequent line of conduct, which perhaps excites attention, or perhaps goes on unnoticed, as involving only eccentricity.

This state may be termed *moral* incoherency.

We next, gradually, observe symptoms of delirium, or incoherency of *thought*; and now the existence of insanity is admitted, but often too late for the prevention of some of its most unfortunate results. In the insane, the unsubjected state of their moral impulses to the will may easily be recognised, and often gives to their conduct the character of a dream. Successive impulses take place, over which the agent evidently wields no controlling power, either changing, or mitigating, or inciting. The moral sentiments receive their direction solely from without, and affect the conduct in a manner analogous to that which we often notice in persons of an absent turn of mind, in whom, no operation of will taking place, the character of the individual is often irreconisable in his conduct. Thus, he will rise in the morning, he will eat, drink, and go about his affairs, without any connection between these acts and that principle in his constitution which contains the power of choice.

The above fact, namely, the suspension of the power of will over the associating principle, may explain much of the disorderliness of thought observable in the insane. But will it explain all the phenomena of the insane state? Can it account for false perceptions? I shall proceed to a cautious enquiry into this subject. What do we notice as taking place, when we exert a power, which we certainly possess, of disengaging the mind from the influence of will, and allow the current of thought to proceed without interference? Let any person who has ever sat figuring to himself images and pictures in the embers of the fire, or in the passing

cloud, answer this question. Why, in a short time a tendency will be perceived by him rising in his mind, to give a real existence to these productions of the imagination,—to give to its conceptions the force and truth of perceptions. The fringed edges of the burning coals are already battlements, the warm undulating glow of the fire behind is the wavy crimson of the setting sun. He yields himself to the perception of the landscape thus given him. As the next step, he will observe a tendency in his trains of reasoning to connect themselves with these objects in their *new* capacity. This stamps additional reality upon his false perceptions, so that the objects themselves, when they recur to his senses, recur in their acquired character, which the above process has given to them. For further illustration of this procedure, I would advise any one to listen attentively to the waking and spoken dreams of a castle-building child.

Now let us only suppose the procedure which I have here described to be attended by a total inability to rouse ourselves out of the state described, by any effort of will upon the operations of thought, and we have before us a state such as our experience tells us is at least identical with the insane state.

It will be observed, that much of my reasoning on the above point flows similarly to that by which the operations of sleep and dreaming are explained by Mr. Dugald Stewart. These states have, in truth, always appeared to me to possess a striking affinity to that of the insane,—with this important difference, that there is a constant readiness in the mind to be roused out of the sleeping or dreaming state, but no such readiness to emerge out of insanity, when once incurred. And again, that in sleep every voluntary action is suspended; whereas in madness, the will acts with considerable force, though in a more limited extent, than in the sane state. Thus in a sane state, we are conscious that we can in some degree will a train of thought, as well as a consequent line of action; but the insane person to all appearance has only the latter or practical will. Thus his actions are ungovernably violent; the decisions from which they flow unstable and uncertain; over *them* he has no power of choice. In the first case, then, will is efficient on human conduct in two respects; in the latter case only in one. When an effort has been resolved on in the chaotic chamber of the insane man's brain, he can will its being carried into effect; but the preceding process which determines what that effort shall be, takes place independently of his volition.

If, then, we compare in these points the phenomena of madness, of sleep, and of a man's ordinary state, they may be described in the following manner. In the last of the three cases, we have the train of successive thoughts influencing indeed the will, but also influenced and moulded by a process of will, and finally occasioning such conduct as suits the decisions thus arrived at. In the insane state we find the will active *only* in executing the decisions of the associating principle; we observe no such reaction, no such

power of controlling that principle, as exists in the sane state of the waking mind. As far as we can trace the operations of mind into the sleeping state,¹ the power of will seems then suspended equally in regulating the course of our thoughts, and executing the designs to which they lead.

The difference generally assumed to exist between the delirium of phrenitis and that of insanity is intelligibly explained on the above supposition. In phrenitis, or inflammation of the brain, the influence of the will is mastered by the intense and turbulent action of the associating principle; it is overborne, as it were, by the current of thought; but, when the physical excitement of the inflammatory process, and the corresponding activity of thought have subsided, the will resumes its power, and the associations proceed in their ordinary flow under its control.

The case is different with insanity. Here the remission of delirium does not appear to involve any re-assumption of the power of the will over the trains of thought; though no longer turbulent, they remain unregulated, as long as the disorder lasts. This is what might be expected to happen under the supposition that insanity is a disorder of the will itself, and phrenitis a disorder of some other principle or principles, the lesion of which may disturb the will, and temporarily suspend it in the course of such disorder.

I have limited myself in the above remarks to the disorder of the will, as the mental element implied by insanity. If under insanity the associating principle act independently of the restrictive or impulsive influence of the will, it must follow, that the judgment also must be constantly wrong, or, to speak more correctly, must be wrong or right by accident. On the other hand it would be an assumption palpably unwarranted by that consent of mankind, which ultimately determines our use of language, if the errors of judgment were represented by me as proving the existence of insanity.

In regard, then, to the question, what is insanity? I answer that it is a morbid state to which those persons are subject in whom the power of volition is feeble, when they are placed under the influence of certain mental and physical causes which I shall next endeavour to enumerate.

¹ Vide Appendix. Note I.

CHAPTER II.

Mental causes of insanity, and their contraries, moral and intellectual—Moral causes and preventives of insanity, to be found among passive moral conditions, not active principles—Passive conditions of the moral department of mind considered—Regretfulness leading to despondency and disappointment—Fearfulness and its kinds—Deficiency and completeness of moral faculty—Selfishness and kindliness—Sympathy—Relation of the above *states* to *active principles*—Analogy between insanity and double consciousness—The latter state *apparently* produced by mesmerism.

I have endeavoured, in the last chapter, to draw up a statement of the phenomena, and their order of occurrence, which constitute an attack of insanity. I proceed to a consideration of those states of the human mind, as well as their contraries, under which the influence of the will over the succession of our ideas is most likely to be so situated that insanity should supervene.

Much of my reasoning on this subject must be deductive rather than inductive. The recognised facts are few in number; and it is my humble purpose, rather to construct from them an hypothesis, by means of which the depths of the subjects may be explored, than at present to aim at this object.

The human mind, in its waking state, at least, may be considered as traversed by an uninterrupted succession of thoughts. The influences which modify this succession may be viewed from different sides of the subject. The method of contemplating them, which best suits my present purpose, is under the two-fold division of moral and intellectual influences.

The latter head may be understood as appertaining to the recognition of truth and falsehood, of reality and unreality in things; the former as having references to our tendencies to like or dislike.

The relation, in which these two heads are placed by nature, is beautifully illustrated in that division of the human mind under which Aristotle contemplates it, either as "involving in itself the exercise of reason," or as "obedient to reason."

This account gives clearness to our conception of the thinking and emotive department of the mind, in their relation to that element, which forms the essence of the first, and was intended to be the director of the last, namely, Reason.

I shall first consider the emotive properties of the human mind, as far, at least, as they may appear productive or preventive of insanity.

The arrangement of these properties, which seems to me most favourable to such an enquiry, is that which classes them under two heads; namely, such as lead to action and imply an exertion of will, and such as are capable, indeed, of influencing the will, but do not *imply* any exertion of it. The first are active principles, the second are states and conditions of the mind. For this division

I am indebted to that adopted by Mr. D. Stewart, in his "Moral Outlines," and developed in his beautiful lectures "on the Active and Moral Powers of Man."¹

The above distinction is important to my present views, if I am correct in supposing, that the moral causes and preventives of insanity are to be looked for among the passive conditions of the mind.

Thus it is not to the love of power, or of riches, or of praise that insanity can be directly traced, when it springs up in the course of these several pursuits; it is to the regretfulness, the despondency, the timidity, the anxiousness, some one of which qualities, or of the others above noticed, will be found in the character in which the disease breaks out. The active principles, which may possibly be in play at the time, give occasion to the influence of these passive states; but they are not themselves causative of insanity.

The truth of this position will best be appreciated, when we shall have examined the passive states of the human mind in their relation to our subject.

Now the first of these passive states to which I shall draw my readers' attention is one, to which I shall give the name regretfulness.

Our ordinary impressions in regard to this state of the mind illustrate a very common tendency in morals, to take a prominent species of any habit of mind, as a representative of all the species, which fall under the genus; and to give to the genus itself a good or bad name according to the impression which we entertain in regard to *that* prominent species. Now repentance is a species of the habit under consideration. And it certainly happens, that the virtuousness of *repentant* regrets lends a false and mischievous value to the general practice of indulging the whole class of emotions, of which this is a kind. We are too apt to extend that complacent feeling, with which we regard him, who regrets a fault, to him, who labours under that feeble cast of character, which disposes some persons to wish every thing undone that has been done by them; which seems indeed to give a different and less advantageous colour in their eyes to every action, as soon as it has been performed, however excellent it may have appeared previously to performance.

If, as I have above suggested, a loss of the regulating power of will over the trains of our thoughts is a characteristic of insanity; if, again, a ceaseless pondering over a painful impression tends to shake this supremacy of the will; and, finally, if regretfulness implies this process; it may fairly be expected that the presence of regretfulness in any given individual should contribute to the production of the insane state.

Accordingly this condition of the human mind appears to furnish

¹ Vide Appendix, Note II.

the moral basis of insanity in unnumbered cases; and, perhaps, it affords the semblance of a final cause for this ruthless visitation.

A man thoroughly imbued with the tendency to regret, must find a sort of miserable relief in the insane state; inasmuch, as that intensity of anxious contemplation, which characterises the regretful, ceases, when the whirl of insane associations sets in.

The tendency, which I have above noticed to confound the noxious oscillations of regretfulness with the effects of penitence, sometimes occasions a very mischievous result in regard to mental soundness. Those whose duty it is to advocate repentance, are sometimes deplorably ignorant of the philosophy of mind; they overlook the fact, that, while some of their followers require, indeed, a fuller development of their tendencies to regret, others are actually labouring under a plethoric state of that tendency which *their* incautious admonitions may stimulate into yet more active energy.

Thus while the teacher intends to recommend a virtue, he is in such cases fanning and encouraging a morbid element of the human mind. His *patient's* regretful feelings do not want additional intensity. They only ask to be supplied with motives, and reduced into principles.

In truth, even if left to its natural pruriency, and not cultivated by ill-applied art, regretfulness is in many respects almost antagonist to a virtuous frame of mind.

For, as every thing excites in persons thus constituted one miserable wish, that it were but undone, so the points of conduct which really call for deep reflection with a view to amendment, are lost sight of in the innumerable small regrets, which stick, like the darts of *Bandilleros*, in their moral skin.

Besides, when the disposition has once gained this power over him, the only resource which the unhappy sufferer can find, is to tear his mind entirely away from the past, and to obliterate the association, instead of rendering it profitable with relation to future conduct.

As that element of the insane constitution of mind, which I have just considered, relates to past events, so that to which I proceed relates to future and expected events. Again, as regretfulness conduces to a morbid state of mind through the presence of a given quality *in excess*, so that state, which I have now to consider is, on the contrary, one of negation. I shall call it the deficiency of hopefulness.

Now, this deficient state of the aspirations has an injurious effect on the human mind, as it implies two separate results in regard to character, despondency, and disappointment.

That a tendency to the former of these states must take its origin in deficiency of hope, will, perhaps, be readily granted; but a little consideration will make the same fact equally obvious in the latter case.

Let us consider for a moment the hopeless character in its relations to disappointment. At first sight, a conclusion different to

mine might suggest itself. I may be told, that the person who is slow to hope is little liable to frustration. But let us turn for a moment to the sanguine man. Is *he* ever a *disappointed* man? He may, it is true, undergo a disappointment, but is he ever in a disappointed frame of mind? Who has not observed the shifting horizon of the sanguine? No sooner is one fairy vision dissipated, than another takes its place as bright and gleamy as its predecessor. "The full of hope, miscalled forlorn," is the description given by the greatest poet of our day, of those who adventure the service of danger alluded to in that passage.

Such is the state of the sanguine. But what is the state of the hopeless in regard to disappointment? As every action of life involves a preference, the hopeless cannot be without his share of frustrations. They may possibly be less frequent from his want of that energy which supplies objects of pursuit, than those of the sanguine; but, when they come, they are comparatively greater both in actual severity and in duration. For in truth the frustrations of the sanguine are little more than stimulants applied to the production of a fresh scheme. They are lost sight of in the anticipations which spring out of them.

Meanwhile it will be admitted, that the states of disappointment and despondency give that moody dwelling upon trains of absorbing thought, which we have adverted to as conspicuous in the early stages of the *insane* state.

Next in succession as in force to the moral states which I have discussed as the excess of regret, and the deficiency of hope, I am disposed to place fearfulness.

This condition of the mind is indeed so full of pain, and tends also so strongly to detain it in a single channel of thought, that it may at first sight appear to claim equal importance with regret, despondency, and disappointment. Experience, however, has not authorised me to give it this position, and the conclusions of experience are conformable to the philosophy of the subject. For the operations of fear are deficient in regard to one condition, which adds powerfully to the influence of regret, despondency, and disappointment. The objects of fear possess nothing attractive; nothing that can keep our associations enthralled, except that which would *repel* us, but for its importance.

The chain that ties our thoughts to the cause of our fears is a single one, the sense of danger. That which keeps our attention fixed on the cause of our regrets, is a double one, compounded, indeed, of the emotion of grief, and a remains of attachment to the object, of which we are deprived.

In the first case, our efforts to resist the intrusive feeling, are not, as in the latter case, defeated by the treachery of that feeling.

If any one, indeed, will analyse his own emotions under the influence of regret, he will recognise in them two distinct stages. The first will be *simple* grief; the second stage is grief accompanied by an endeavour to realise to himself the lost object, as if it

were still possessed. Now grief, where it exists, uncombined with this mental process, soon finds that merciful cure which time affords. But the re-action of thought, which follows the fruitless effort, which we have thus contemplated, renews its keen and bitter feeling.

We shall presently notice the assistance which the mind receives towards indulging this miserable process from the imagination.

With respect to the modifications of fear, they are as various as the objects of human regard, and the sensibilities of the human character. Personal fear is probably the most intense and overpowering. The fear of poverty, the apprehension of disgrace, the dread of responsibility, and of public display, each have in turn shaken the mind, and produced forms of monomania. The operation of these agents is perfectly consistent with our theory of insanity. Personal fear is, as we have observed, the strongest of them all. But it wants generally, except in regard to a future state, that enduring quality which should enable it to usurp the power of will. The apprehension of responsibility and of disgrace is more frequently productive of the disease. The dread of poverty keeps a grim spectre constantly before our eyes which has in many instances taken out of our hands the reins of thought.

I know not how far I may be considered erroneous in throwing under the same head the emotion of fear in regard to ignominy, to poverty, and to personal danger. They seem to me to have common points sufficiently marked to warrant this arrangement. There is a physical and moral shrinking under all these emotions which may well unite them. Let a man be told that he will lose a sum of money, which is of importance to him, he turns pale, his breathing becomes quickened, his hand less warm. But these are also the phenomena of personal fear, though less intense in degree, as men are ordinarily constituted.

In prosecuting the general division, which I have borrowed from Mr. D. Stewart, I have neither restricted myself to his enumeration of properties, nor to his assignment of those which actually form a part of his system. Thus the property, which I have next to consider, constitutes one of Mr. Stewart's active principles; to me it appears to deserve a place among the *passive* conditions of the mind. I advert to the moral faculty.

It is true, that in regard to the choice both of objects and of means for their attainment, conscience affords its sanction or its disapproval. But the two elements which appear essential to an active principle, namely, desire of an object, and energy in its pursuit, must, in all such cases, conformably with the common use of terms, flow from some other source. Thus, the active principle, which desires power and pursues it, is called ambition. But among the crowd of its appropriate objects, and of the means for their attainment, the choice of the ambitious is submitted to the authority of conscience, according to the extent to which this prin-

ciple may exist in their minds, either naturally or as developed by cultivation.

The description admirably given by Dr. Butler of benevolence, would seem to require us to place this also among the passive conditions of the mind. But as there is clearly an active principle, popularly distinguished by that term, I prefer the expression, kindness, for that passive condition, which is the opposite of selfishness. As selfishness inclines us to find our pleasure in what promotes our own interests, so kindness inclines us to find our pleasure in what promotes the interests of others.

As conscientiousness, or the large development of the moral faculty, tends to make a given act seem eligible, because it is agreeable to our sense of right, or pleasing to God ; so self-love and kindness tend to make an action eligible, because it is expedient, the first in relation to ourselves, the second in relation to others.

I mean, then, to express by selfishness that state of mind which occasions us to find our enjoyment in any given line of conduct as serviceable to ourselves, and not as serviceable to others. Now this is a state highly predisponent to insanity, since it gives ample food to a noxious principle, which we have already noticed, namely, the tendency to regret and disappointment ;—and that on principles which will readily be admitted. The wishes of a selfish man, to be a source of gratification to him, require the achievement of some definite object ; and this, of course, he cannot always secure. The wishes of the benevolent, on the other hand, are accomplished, sufficiently, at least, for a large amount of gratification, if he can satisfy his mind that he has done his best. But it is unnecessary to enter into any proof of the fact that our endeavours are more within our power than their success can be. Thus the stoics placed happiness in the possession of their good and wise man, because they supposed him to be concerned only with his pursuits and avoidances, and not with any definite acquisition ; justly appreciating the fact, that happiness should be placed out of the reach of fortune, except our endeavours.

I have next to consider the relation of the *moral faculty* to the subject of madness. When of sufficient strength to predominate over conduct, it is indeed a powerful antagonist, as lessening the number of our regrets. And this point it effects, not merely by the preference which it may be supposed to produce of right conduct over wrong ; but also by contributing to the formation of a general principle which is very rarely laid hold of by the mind, the principle of acting or abstaining from action because it is right. Men do not readily feel the pangs of regret when they can refer the point of conduct to *any* settled rule. Dirk Hatterick's regrets were tranquillised by the reflection, that he had adhered to *his* one principle, namely, the keeping faith with his ship owners. How much greater must their freedom be from regretful emotions, when they find their conduct in unison with a principle with which the sympathies of human nature are in strict harmony.

When sparingly developed, the moral faculty has a very different effect on the mind: many of those persons, in truth, who are pitied for an overwrought conscientiousness—a mind too fine for this world—are illustrations of this *defect*. These persons are miserable not from having too much, but from having too little conscience. The uneasy and excited state of the moral sense, which in their case bears the semblance of activity, results from the struggle which it is carrying on, and not from its strength. If this strength were greater, its mandates would be obeyed without opposition. Such we must suppose to be the case in the war between conscience and antagonist tendencies which may often be noticed in the selfish man.

Agreeably to this view, we must admit the truth of a very paradoxical remark; that selfishness in combination with a sparingly developed conscientiousness is more productive of misery than unmixed selfishness. "If a man," says Mr. Hume, "be liable to a vice or imperfection, it may often happen, that a good quality which he possesses along with it, will render him more miserable than if he were completely vicious. A person of such imbecility of temper as to be easily broken by affliction, is more unhappy for being endowed with a generously and friendly disposition, which gives him a lively concern for others, and exposes him the more to fortune and accidents. A sense of shame in an imperfect character is certainly a virtue, but produces great uneasiness and remorse, from which the abandoned villain is totally free."

The property which I shall next consider, in its relation to the insane state, seems wisely classed by Mr. D. Stewart among the principles *co-operative with* our active powers. It is called sympathy.

Under that passive condition of the mind, which this term expresses, and according to the extent to which it is developed, we find ourselves going along, readily or unwillingly with the emotions of other men. That there *is* a property of this kind in our moral constitution, independent of the emotions themselves, is probable, from the readiness with which we see persons of very feeble affections roused to their display, when such affections are exhibited in their presence. Parasitical as this condition of the mind may appear in the above point, it is implanted for a very wise purpose. For, as it can raise, so also it can lower, the tone and rapidity of passing emotions, and of the associated ideas which spring from them. Thus, in cases of intense excitement, in which the influence of the will may be regarded as wavering, and almost suspended, the power of sympathy is capable of re-adjusting the almost destroyed equilibrium; and the turbulent operations of the heart and the understanding yield to the influence of the "impartial spectator."

Now, it would appear, either that the insanely *predisposed* are peculiarly deficient in this principle, or that insanity tends to weaken its efficacy, in those who are afflicted by the disease. This opinion is principally based on the following apparent facts.

First, that in the insane there is invariably a diminished state of

those natural affections, which require sympathy for their full development, and these are the kindly ones. While, on the other hand, most persons retain their full capacity for the evolution of hatred, anger, and uncharitableness, properties which require no assistance from sympathy.

Secondly, that the supposition affords a practical diagnostic in insanity. In many persons thus situated, in whom, at the time at which the enquiry is made, the reasoning powers are in a clear and sound state, and whose emotions are at the time flowing evenly and quietly, we are enabled to detect disease, by observing, that the patient is not going along, or sympathising with us, or, indeed, with any one extrinsic to himself. Perhaps his conversation can only be characterised as morbid, by its remarkable want of relation to all that is passing in the minds of by-standers. In this point, indeed, the insane are remarkably contrasted with the inebriated, whom, in many respects, they greatly resemble. Persons in the latter state overflow with sympathy, and carry it to a ridiculous and maudlin extent.

Such are the mental conditions, which appear to me favourable to the production or the prevention of this mental disease. The above enquiry, which has placed them among the passive states of the mind, suggests an answer to the question, why I have not also attributed insanity to some one or more of the active principles of character. Men may experience love, or ambition, or cupidity; they may over-stimulate themselves under this powerful agency into apoplexy or phrenitis; but they do not go mad, as far as mental causes are concerned, unless they have, for the companion of their way, some of the fiends which I have noticed, or want some of the protecting influences which are afforded by a just regulation of those very qualities, which I have described as mischievous in their abuse.

If unavailing regrets, if hopelessness, and either of its consequences, disappointment or despondency, if fear, in any of its varieties beset us—if the moral faculty be not strong enough to supply us with fixed principles of action,—if a large development of self-love afford us its appropriate source of regret, and if our moral constitution has rendered us unsusceptible of influence from sympathy, we are dangerously situated *quoad* insanity, whatever may be the vigour or the feebleness of those elements in our characters which lead to active pursuits. With respect indeed to feeble characters, by which term is generally meant persons with no strongly predominant principle of action, in such persons a regretful or timid disposition occasions a state of continuous suffering almost equivalent to that which results from the failures of the energetic, while they never enjoy the wholesome stimulus of success. Miss Edgeworth's delineation of Lord Glenthorn is an admirable commentary on the dangers of ennui.

On the other hand, in tracing out the above described differences between the active moral principles, and the passive conditions of

the mind relatively to insanity, I do not mean to suggest, that the excess in which the former may possibly be developed, is a matter of small import. A regretful person, though sure to find food for that tendency, whatever his pursuits may be, certainly becomes more liable to regrets, if he labour under intense ambition or avarice. Indeed, all those properties which I have placed in close relation to insanity, require, for their healthy state, even and well balanced appetites, affections, and desires.

It is probable that the above enumeration may be far from exhausting the moral causes of insanity. There is even much difficulty in adducing proof that the above are among the conditions of this morbid state. The painful feelings of mankind on this subject make it difficult to publish the moral dissections of individual characters. We must be contented to rest our case upon the opinion of those, who have had opportunities and inclination to investigate for themselves.

Among the more obscure and dubious topics, out of which light may at some future time be shed upon this mysterious subject, the following perhaps deserves a place.

There is a morbid state of the human mind admitted by pathologists, under which the patient lives in alternate stages, as it were, of two different beings, in regard to the sequence of his thoughts, and the operations of his intellectual and moral properties. The one is easily recognised as his normal state. It exhibits the ordinary phenomena of his character and habits. In the other he appears to have undergone a remarkable change. He has forgotten things and persons, or views them in perfectly new lights. The current of his thoughts verges on delirium in rapidity and excitation. Sometimes there appears in him more force and vivacity of intellect in his paroxysmal state, than was observable in his original character. From each of these states he drops suddenly into the other, and he has no clear recollection in the one, of subjects which had interested him in the other. This morbid state, to which the name double consciousness is usually given, has a considerable affinity to the intermittent form of madness; so much so, that it seems not unreasonable to suspect that their laws of causation may have some common points. Now, unless the system of Mesmerism,¹ which has recently been brought before the British public, be a system of simulation and collusion, we have here also a form of double consciousness, which those who have seen the experiment made during the spring of 1838, at a London hospital, will admit to have exhibited this affinity in a high degree;—*and this form of double consciousness is voluntarily brought about by external agency.* On the principles which regulate this agency I have nothing to say.

The facts, indeed, produced by the professors of this new science, should be kept carefully distinct from the various hypotheses, on

¹ Vide Note I.

which they have at different times been based. The latter may be erroneous and absurd, while the former may be undeniable. If true, these facts constitute a remarkable epoch in the history of the nervous temperament. If false, they involve marvellous imposture, and leave us in a state of profound distrust at the evidence of our senses.

The subject has not yet obtained the scrutiny which it deserves. To such a scrutiny I must observe, that apparent deviations from the order of nature ought to oppose no obstacle. It is probable that some improbable phenomena should turn out to be true, if ever it should be given us to fathom the laws to which the phenomena of mind are subjected.

The necessary antecedents to an attack of insanity are hidden from our view at present behind a veil more impenetrable than is thrown over any other disorder. If Mesmerism should help us to a partial removal of this veil, it will have done much. The discovery of a cure in disease is most likely to be effected through a discovery of its cause.

CHAPTER III.

Intellectual properties, active or passive—Active intellectual properties favourable to mental health: insufficiently appreciated in this point—Why?—Application of them by the patient to his own case—Rev. Robert Hall.

The same distinction which we have noticed in relation to the moral department of the human mind, may be applied to its intellectual properties. They also may be viewed as active principles or passive states.

We are so constituted that a current of associated ideas must flow, without any agency of our own, through the mind. We can enlarge its channels or divert its course; but the stream pours on spontaneously, and is so far independent of our will.

It has been observed above, that an adequate development of active moral principles is requisite to mental health. An absence of them would leave human nature a monotonous blank. They are wholesome in their modified state, and not necessarily mischievous in their more energetic forms.

Much more than this may be said in favour of the active intellectual principles. These are not merely consistent with mental health, but also highly preventative of mental disease. This is generally true of the faculties of observation, of judgment, and of reasoning, deductive or inductive. The faculty of observation may be made available towards even the removal of actual insanity. No one, who has witnessed the temporary mitigation of insanity produced by the studies to which this faculty leads, can doubt its efficacy. A flower, an insect, or a mineral, have often beguiled the

restlessness of that disease into temporary self-control, when the mind had been previously imbued with a taste for such pursuits. But every exertion of the intellect has in truth its own delight; and all are beneficial in kind. Again, the pause from intellectual pursuit is itself full of enjoyment. It is rest. That from moral emotions is languor; and, in ill-regulated minds, it is ennui.

The same remark applies to the active operations of the intellect, which we have formerly made in regard to the benevolent affections; and it has an equally close connection with our present subject. *They* do not depend for their gratification upon success in the pursuit of their objects. Their labours are their reward. Probably the happiest men in existence, "*sua si bona norint*," are persons engaged in literature and science as an employment. It is to be regretted that they are not always sufficiently aware of the above remunerative points in the nature of their exertions. The reason of this is probably to be found in the extensive tendency of those who conduct the education of our youth to encourage ambition as the principle motive to such exertions—How can that boy learn to value the luxuries of science or literature who is only taught to appreciate them as a means of obtaining applause?

There may be, and in some cases I have witnessed a very beneficial use of intellectual power in averting insanity, when the patient has been able to apply the resources of his understanding to the regulation of his mind under a consciousness of his own predisposition. It is needless to observe, that the possession of very high talents is presupposed in him who can be entrusted with such an application of his intellect. But insanity constitutes no exception to the great law of our nature which in some degree places in our own hands the remedies of all the diseases with which we are visited. The modes in which the patient may be taught thus to minister to himself, will be considered in another part. I cannot forbear introducing here some extracts from a beautiful letter, in which the late Sir James Mackintosh at once recognises the possibility of such surveillance of self, and ascribes it to an illustrious, though unfortunate friend.¹

"That the mind of a good man," he observes, "may approach independence of external things, is a truth which no man ever doubted who was worthy to understand it: but you, perhaps, afford the first example of the moral nature, looking at the understanding itself as something that is only the first of its instruments. I cannot think of this without a secret elevation of soul, not unattended, I hope, with improvement. You are, perhaps, the first that has reached this superiority. With so fine an understanding, you have the humility to consider its disturbance as a blessing, so far as it improves your moral system. The same principles, however, lead you to keep every instrument of duty and usefulness in repair, and

¹ The Reverend Robert Hall.

the same habits of feeling will afford you the best chance of doing so.

"We are all accustomed to contemplate with pleasure the suspension of the ordinary operations of the understanding in sleep, and to be even amused by its nightly wanderings from its course in dreams. From the commanding eminence which you have gained, you will gradually familiarise your mind to consider its other aberrations as only more rare than sleep and dreams; and in process of time they will cease to appear to you much more horrible. You will then be delivered from that constant dread, which so often brings on the very evil dreaded; and which, as it clouds the whole of human life, is itself a greater calamity than any temporary disease. Some dread of this sort darkened the days of Johnson; and the fears of Rousseau seem constantly to have realised themselves. But, whoever has brought himself to consider a disease of the brain as differing only in degree from a disease of the lungs, has robbed it of that mysterious horror, which forms its chief malignity. If he were to do this by undervaluing intellect, he would indeed gain only a low quiet at the expense of mental dignity. But you do it by feeling the superiority of a moral nature over intellect itself."

It is, perhaps, unnecessary to notice how high a strain of intellect that man must possess, who can reason himself into the conviction which this last sentence expresses.

But in order that we should be able to prosecute the operations of the intellect without danger from exhaustion, (a danger which leads to results more belonging to the head of Imbecility, than of Insanity,) we are benevolently provided with another faculty, which it will be my business next to consider.

CHAPTER IV.

Imagination, that property by which we recognise absent objects of perception, either such as they are witnessed in nature, or broken up, and re-combined—connected both with the intellectual and emotive departments of mind—with the *intellectual* department, either as illustrating, or as supplying hypotheses.—Favourable to mental health in the above operations.—No corresponding benefit from imagination relatively to the *emotive* department.—Not, even, when our feelings require to be heightened.—This illustrated in the cases of courage.—Of benevolence.

The meaning generally conveyed by the term imagination, is expressed in the following passages of Mr. Dugald Stewart.¹ "The province of imagination is to select qualities and circumstances from a variety of different objects; and by combining and disposing these to form a new creation of its own." Again, "The nature and

¹ Elements of the Philosophy of the Human Mind, vol. i.

province of imagination are most clearly exemplified in the arts which convey pleasure to the mind by new modifications and combinations of beauties originally perceived by the eye."—The property, to which I shall assign this name in reference to my present subject, is that, by which we are enabled to recognise absent objects of perception, as if they were present; either such as they are witnessed in nature, or broken up, and recomposed into new combinations.

This property has a very important relation to the morbid state, which I am considering. To which department of the mind it principally belongs, is a question which I need not, at present, discuss. That it influences each, is a fact requiring no proof.

It happens, however, that the connection of this property with the emotive department of the mind has received a much more careful scrutiny and discussion, than that which it holds with our intellectual powers. But it is important to my present purpose, that the latter connection should be appreciated as completely as the former.

The connection of the imagination with the intellectual faculties is twofold. First, it affords illustrations, by which the processes of thought are cleared up. Secondly, it (often) affords body and substance, as it were, to the thoughts themselves. This end it accomplishes either partially, by single terms, or wholly, by obtaining from its storehouse of imagery the materials, by means of which the entire view may be evolved, and presented to the judgment.

A better illustration of its latter effect can scarcely be afforded, than that which the following passage suggests; in which the eminent writer describes some characteristic points of Sir Humphrey Davy and Mr. Michael Faraday. "All great steps in science," says Mr. Whewell, "require a peculiar vividness and distinctness of thought in the discoverer. Both Davy and Faraday possessed this vividness of mind: and it was in consequence of this endowment, that Davy's lectures upon chemistry, and Faraday's upon almost every subject of physical philosophy were of the most brilliant and captivating character. In discovering the nature of voltaic action, the essential intellectual requisite was to have a clear conception of that which Faraday expressed by the remarkable phrase *an axis of power having equal and opposite forces*: and the distinctness of this idea in Faraday's mind shines forth in every part of his writings. Thus he says, the force, which determines the decomposition of a body is *in* the body, not *in* the poles; but for the most part he can only convey this fundamental idea by illustrations." . . .

Now here we find it recognised by Mr. Whewell, that certain ideas, appertaining to science, would want that expression, which gives them a tangible character, if I may say so, and makes them available to its purposes, but for the exercise of a faculty, which I shall presume to denominate imagination, as agreeing with the most definite sense in which this term is applied by philosophers: operating in "the vivid mind" of a Faraday or a Davy by a process

analogous to that, which the painter exercises upon *his* absent objects of perception, it re-combines the materials thus obtained; and finally constructs that hypothesis, which experiment must afterwards verify or confute.

But whether we contemplate the imagination in the last-mentioned relation to science, namely, as conveying fundamental ideas, or view it as merely suggesting illustrations, in either case one fact holds good with regard to it, connecting it practically with the subject of mental disease. In so far as our supposition is well founded, that the operations of the intellect are calculated to prevent mental disease, in the same degree must that faculty be valuable, which extends our capacity for such operations. That the operations, which we have described as introduced by the imagination into discursive processes, must *lighten*, as well as promote these processes, is also very obvious. Simple change in the *nature* of an exertion, can obviate fatigue, and repair power. But here, we find not only a *new* but a *less laborious* process introduced.

The benefits derivable to the mind from habitual exertion of the understanding, could not be reaped, for very exhaustion of the thinking power, but for the subsidiary agent thus kindly afforded to us.

There is nothing analogous to this alternate play of reason and fancy, in the effects of the imagination on the *emotive* department. The *feelings* experience no mitigatory influence from its presence. The topics which they draw from this source, rather add fuel and intensity to their action.

To this it may be answered, that, in some cases, our emotive tendencies *may* require to be heightened, as well as to be tranquillised: and that, in such cases, the effect of imagination may be favourable to the just equilibrium of the human mind. Thus, if hope, if regret, if resentment, if the love of approbation and the desire of property be too feeble in a given case, they may be stimulated into such activity as the health of the mind requires, by that power of fancy which shall make all the objects of these properties respectively wear their brightest tints. The moral philosopher may however doubt, whether, in this event, the desired equilibrium is gained under circumstances likely to render it either permanent or beneficial. Our feelings, when rendered energetic by the aid of our imagination, are constantly liable to place us in a false position, by breaking down at moments of difficulty, and leaving us unable to advance, when it has become too late to retreat. Take, for an example, courage. The annals of military life would afford more than one instance of failures thus produced; and failures of this kind are peculiarly conducive to the insane state. Such failures indeed may easily take place. A love of honour and a burning sympathy with the applause, which men are disposed to confer on indifference to danger, will afford incentives to a military life sufficiently powerful to overcome constitutional timidity, if duly aided by a vivid imagination. In such a mind, it will bring forward in bold relief all that

is graceful and beautiful in war, all that peculiarly concerns glory and success, and the acquisition of excitement. Horror will disappear, overshadowed, as it were, by her own plume. Then comes the day of miserable development; when, after a thrilling effort to assume a virtue, of which nature has denied him the elements,—the unfortunate admirer of heroism wavers, faints, and gives way in his unhappy pursuit of it.

Without any corresponding mischief to the *sanity* of the mind, a corresponding failure in moral results is often observable, where benevolence obtains its stimulus from the imagination. The person thus excited is disposed to succour *not* the real sufferer from penury or distress, but the object which his fancy has dressed up in the *picturesque* colours of misfortune; and often, when real misfortune comes before him, he turns disgusted from its loathsome accompaniments.

CHAPTER V.

Relation of Phrenology to the Science of Mind considered.

In a disquisition which proposes to enquire into the elements of the human mind in relation to its morbid states, it is not easy to leave the views of the phrenologists absolutely untouched. Since, if they are right, or I may say, so far as they are right, they ought to throw valuable light on the causes of mental disease.

There is certainly in the character of the phrenologists themselves one feature, which should attract the attention of a philosopher independently of the subject matter of their pursuits. They are pains-taking, laborious men, prosecuting their views among accumulated facts, or what they consider to be facts, in a subject, to which *à priori* reasoning has hitherto been far more commonly applied.

In this respect, indeed, they are somewhat hardly used; for, while they receive on other and more reasonable grounds, their full meed of blame, they are constantly assailed with the epithet, “speculative and theoretical.”

Surely, if the rapid formation of a system had been their object, they would have gone to work in a very different way. We should have seen them classing under a few elements all the phenomena of mind; in short, dealing with the mind as the ingenious author of the Brunonian theory dealt with the body.

But the phrenologists appear to have been forced into an hypothesis by accumulated observation, and being remarkably deficient in the faculty of generalising, they have thrown their work into a great number of detached pigeon holes, and have separated very arbitrarily into small parcels, what more skilful theorists would have collected into larger masses. This procedure has laid them open to much ridicule. But, as it is opposed to the more dangerous

fault of rapid systematising it in some degree increases the claims of their labours to our attention.

It would, I imagine, be very easy to state the views of the phrenologists, in a form, which would appear perfectly reasonable to those by whom they are derided on the above grounds. The facial angle of Camper has long ago directed our attention to the shape of the head in connection with the manifestations of intellect; and again, the connection between our intellectual and moral departments would dispose us to accept with attention the evidence of their having a common organic agent. But, if we think and feel through the instrumentality of the brain, we shall probably think and feel agreeably to laws, which will imply one kind of action in the brain one operation intellectual or emotive, another for another; and it is far from improbable that this difference of cerebral action should be connected with a difference in the fibres appropriated to each function, or in other words, with a difference in the parts of the brain relative to each. On this basis, the general principle of a division into organs might be erected without any antecedent improbability; and if the divisions of Gall appear unphilosophically minute, it would be easy to reduce them into more general heads, without interfering with the location assigned to them by their discoverer. Viewing them, indeed, in groups according to their juxtaposition, we shall often find that a generic character prevails such as the experience which we possess of the human mind would lead us to expect. Thus benevolence and imitation (organs which touch each other in the phrenological map) embody the great principle of sympathy. Again the elation of spirit, the self-congratulation which men experience, when the witness in their own breast commends them, is the same emotion differently exerted, with that which elevates the successful competitor for public applause. These organs accordingly are in contact. Hope, veneration, wonder and ideality constitute a mass of contiguous organs, which might easily be taught under common metaphysical principles. It would be easy in other instances to soften off the hard distinctness with which Gall and Spurzheim have split the cerebral mass. Their comparative neglect to do this for themselves, may well be accounted for, if their statements are true, by the marvellous individual facts, which seem first to have drawn their attention to the subject, and kept them entangled in its details.

One of the most frequent topics employed against them is furnished by their mistaken judgment in regard to character. And this appears to me to be pressed against them with some want of candour, though perhaps, they have injured their own cause by injudicious confidence.

It is far from necessary, that they should always be right, to the constituting phrenology a very important help to our acquaintance with character. The basis of their peculiar theory is the size of the brain. The quality of the brain, and the temperament of the individual, must, as they admit, have a large connection with his

character. Let them be met with the allowance due to the enthusiasm of discoverers, if, having substantiated the first of these three elements, they allow it sometimes to occupy more than its just space as the groundwork of their judgments.

With respect to the mistakes of the phrenologists, they may lay claim to the same indulgence, which other mistakes meet with. At all events, from the professors of medical science they might expect to find sympathising criticism. *We* lay down the symptoms of disease; but we do not consider ourselves candidly dealt with, if our repeated failures in diagnosis lay our science under the imputation of charlatanism. And yet it is to be observed, that many of its professors assert the general skill of the faculty in discovering disease, just as confidently as the phrenologists assert *their* skill in the discovery of character.

Of the arguments against crainology obtained from the shape of the brain, as not truly represented by that of the skull, it may be observed, that they are met by contrary affirmations of anatomists; and that after all, they leave untouched the *actual observations* of craniologists, which ought to be the points of interest. Their hypothesis may be erroneous, and yet their conjectures may be generally true. Many men arrive at truth by a process quite different from that, which they suppose themselves to have adopted. The facts of such persons should not be compelled to undergo the punishment due to their reasoning.

But whatever may be the merits of these gentlemen as to their peculiar doctrines, still the science of mind is indebted to them for valuable speculations. Thus, they have thrown a curious light upon certain paradoxes in human conduct, which before their times had not been referred to any laws,—by boldly laying down in their charts attributes, apparently contradictory, as co-existent. Such paradoxes in conduct had previously forced themselves on our minds, and had been viewed as inconsistencies. But there are no inconsistencies under this scheme, which assumes in every individual the existence of all the properties of the human mind, in very different quantities and proportions, indeed, and in many cases strangely antagonised. Flippant gentlemen and ladies laughed, when Thurtell turned out to be at once benevolent and destructive. but the phrenologists had read a page in the book of nature which contains this marvellous provision, and in their homely way they assigned the separate organs. Thus also the simultaneous development of benevolent affections in a given character, with a love of excitement which can find its gratification in scenes of combat is recognised in their scheme.

In placing selfishness and conscientiousness among the passive states rather than the active principles of the mind, I adopt a plan recognised by these philosophers, though different from that of Dugald Stewart. Again, their omission of a distinct principle of memory, which leaves it resolved into its elements, namely, attention and fulness of development of that faculty, in regard to which

the memory is strong,—I am disposed to think an essential service to the science of mind.

In the above remarks, it has been my object, not to support phrenology, but to recommend it to the attention of some who at present deride it; at all events, to prevent its cause from being injured by the awkwardness with which it was at first promulgated, and the dangerous friendship of some of its advocates, to whom I would venture to submit this consideration,—that its claims to extreme usefulness will not be perilled by their admitting it to be fallible.

CHAPTER VI.

Pathology of insanity considered under three stages:—1st. moral incoherency;—2d, moral incoherency continuing; intellectual incoherency superadded;—3d, recovery, or an incurable state.

In the first chapter, I have endeavoured to trace the mental phenomena of an attack of insanity.

For practical purposes, the disease thus characterised may be divided into three stages.

In the first stage the deviation from soundness of mind regards moral conduct.

In the second stage the moral incoherency continues; but intellectual incoherency or delirium has also taken place.

In the third stage, recovery from the above states is proceeding;—or the patient is gradually passing into a chronic state of moral and intellectual perversion.

The prominent features of the first stage are a heightened condition of those moral defects, or excesses, which I have noticed among the causes of insanity. The patient is regretful, he is despondent, he is suspicious, he is anxious on the subject of property, or personally fearful in an increased degree. His imagination is probably in an excited state. The points which distinguish such attributes in *him*, from the same *kind* of attribute in one to whom we should refuse the appellation of insanity are as follows. The extent of his sufferings lose all their accustomed proportion to their causes. The surmises, from which he reasons and converses, are utterly incongruous with those of other men. Thus he is the object of an inconceivable conspiracy. He is noticed and remarked upon by persons, to whom he must be utterly indifferent. A woman of pure and correct mind will suppose herself in love with some person, whom she has never seen, or beloved and persecuted with addresses by some such a person. She will be unwilling to go to church, because every thing that the preacher says, is meant to apply personally to *her*. The kindliness of her character is destroyed, and intense selfishness takes its place. Indeed the blunted state of natural affection is a remarkable trait of commencing insanity. The sequence of her actions becomes in-

congruous and inconsistent. Among all these peculiarities the powerless state of the insane *will* is distinctly traceable. This diagnostic is important in its relation to another disease, with which insanity may be easily confounded; namely, *Hysteriæ*. It suggests indeed this difference of practice, that the hysterical should be treated as far as is consistent with humanity, as if they could avoid or avert their morbid state; a procedure, which would utterly fail if applied to the insane.

The physical phenomena of insanity are at this stage best understood, if viewed in relation to the temperament of the sufferer. In a former work I have adverted to the doctrine of temperament, as it concerns dyspepsia; I might with greater reason press it upon the attention of the public as it concerns my present subject.

All the physical symptoms of the insane indicate a deviation from the normal state. The bilious exhibit their characteristic evidence of oppression. The leucophlegmatic person is more languid, his heart's action is slower, and his bowels more confined than usual.

The nervous person becomes tremulous, her pulse quickens; the catamenia often becomes excessive, sometimes, intermit; her desire of food is excessive or totally destroyed.

The sanguine, early in this state, exhibit increased fulness, of which however they soon lose the appearance. Insanity is essentially a debilitating state.

Throughout all these temperaments there is a remarkably unwholesome appearance of the skin; it is more dry, less clear and less smooth than usual.

The second stage, or what may be called the stage of development has now to be considered.

Inconsequential conduct has probably continued for some time, the duration varying in different cases; and now the state of inconsequential thought presents itself. The erroneous impressions which have influenced conduct in the first stage, and which even then might perhaps have been traced to false perceptions, are now palpably founded on such impressions. As the patient happens to be more sanguine or more nervous in his temperament, so much the more sudden and acute is this change. It is slower, and more gradual in the bilious, and most so in the leucophlegmatic.

This state is delirium, such at least appears to be the sense in which that term is ordinarily used; namely, as involving inconsequential thought, and false perceptions.

Insanity may be complicated with inflammation of the brain, or phrenitis, particularly in the sanguine temperament. But as phrenitis and insanity having many similar points, require a very different treatment, as a delirium in the above signification is common to both, it is important to consider, how far it is distinguished in each.

Now, in the delirium of phrenitis, and I might add, of fever generally, so far as any definite ideas or propositions are formed in the mind, they are inconsequential, and so far partake of the character

of insanity. But under the ravings of phrenitis, propositions are rarely constructed. The delirium of insanity disturbs the sequence of ideas, and renders them unsuitable to external objects; but leaves the ideas definite, though erroneous and inconsecutive. Thus the discourse of an insane person will bear to be divided into propositions; that of a phrenitic patient will not. It is a process of ejaculations. Words tumble out casually, and take no logical relation to each other.

In regard to physical symptoms, it may first be observed, that the sensations of the insane are rarely acute. This remark holds good in relation to bodily pain. But even when in a state of moderate suffering, they are subject to intense exhaustion, and easily pass even into the sinking state; particularly persons of the nervous temperament. Long continued sleeplessness places the insane in much danger.

Extreme constipation, to which the insane are very subject, seems often to depend upon their physical irritability. It is more common in the bilious and leucophlegmatic.

In regard to medical nomenclature, I should, in deference to the common use of terms, confine those of *mania* and *melancholia*,—the first to the insanity of the sanguine and nervous, the second to that of the bilious. This division leaves no accredited name for the insanity of the serous or leucophlegmatic. The term *démence*, which, with that of idiocy, completes the French nomenclature, has been appropriated by MM. Esquirol, Pinel, and Dubuisson to another use. They appear to indicate by that term the phenomena developed by insanity in persons of whatever temperament, of small intellect and feeble character, whether naturally so, or from debilitating causes, such as illness or dissipated habits.

The third stage may be considered as differing from the second, as its commencement, in intensity rather than kind. The power of regulating the trains of thought is equally wanting. The falseness of perceptions continues. But the current of thought is flowing less rapidly, and where the case tends towards recovery, the patient can be induced to doubt the justness of his perceptions.¹

The physical symptoms are modified on the same principle. They are at first the same in kind (but greatly different in intensity) with those of the second stage.

Both these sets of symptoms experience very different modifications afterwards, according to the extent of the disease, and the patient's capacity for recovery. In many the state of quiet desolation with which this stage commences, is permanent. The unhappy patients are irrecoverable. In many again, this state subsides into what is called a lucid interval. The patient is at first supposed to have recovered. But at the end of a term of weeks, he has a repetition of the second stage, and the disorder proceeds upon this

¹ For a happy instance of management, in calling a patient's attention to the unreal nature of her own perceptions, see Dr. Gooch, on "The important Diseases of Women," p. 173.

principle of alternation. This is an unfavourable form of the complaint, but not an incurable one.

In the more favoured cases, in those, in whom it may be supposed, that no change of structure has been worked, during the orgasm of the second stage the powers of self-control are gradually resumed; the false perceptions are rectified, and the patient is restored.

Such is the ordinary progression of insanity. In occasional instances the first stage is so indistinctly marked, that the disorder fails to engage attention, before it has arrived at its stage of development. I may anticipate the subject of treatment by remarking the importance which this fact gives to a careful scrutiny of the moral symptoms of insanity; if, at least, I am correct in supposing, that these are the mental indicants of its first stage. If, in its undetected state, it occasions no formidable outbreak in the form of suicide, or murder, still, it must be admitted, if curative measures avail any thing, that the longer these measures are delayed, the less is their ultimate chance of success.

And how much, (I may observe,) does the common language of mankind on this painful subject bear out that supposition!

How repeatedly do we hear, after the disease has developed itself with direct symptoms of delirium, that incoherency of *conduct* has long been observed! "*Insanire putas communia me.*" the unhappy patient may now say to his friends, "*Nec medici credis nec curatoris egere a prætore dati.*" Meanwhile the disease has perhaps been gaining mischievous strength, or perhaps producing fatal consequences, while protective measures have been deferred.

CHAPTER VII.

Connection of suicide with insanity; the latter not necessarily co-existent with the former.—Suicide absolutely excluded by none but the Christian moralists, except Cicero.—Ancient opinions: Stoic; Peripatetic. Importance of this view.—Cases in which suicide *does* spring from insanity.—Diagnostics of the suicidal tendency.—The homicidal tendency considered in its relations to insanity.

That the tendency to suicide should be an occasional concomitant to insanity might be expected; since the sufferings, which produce this mental disease, also render the possession of life less desirable. It is also true, that insanity facilitates the commission of suicide, by removing in some degree and in some cases the barrier opposed to it by the dislike of bodily pain: since, with diminished susceptibility of bodily pain, the fear of inflicting it upon ourselves must also be diminished. When, however, certain elements of character, such as a quick sense, and impatience of moral suffering are present in a high degree, or when, existing actually in a lower degree, they are excited and fostered by indulgence; when again these qualities co-exist with a physical indifference to pain and danger, they certainly predispose to suicide, even where no insanity may

be present. If external sources of unhappiness are added, or, if physical constitution, such as some forms of bilious indigestion, co-operate, the risk is increased.

Let us suppose a given individual predisposed to suicide by a concurrence of these causes; and let us suppose, that insanity has supervened. It will be observed that the danger of suicide is augmented in the supposed case, or, on the other hand, is occasionally diminished, on grounds, which it is important to trace.

When insanity has proceeded to the extent of obliterating all consecutive thought, the patient is placed under less risk of suicide than he was under before. When again, the state of insanity is less complete, so that it leaves the operations of thought still energetic, and only destroys our power of self control,—insanity must then invigorate the tendency to self destruction, and increase the risk. On the whole, the cases saved from suicide by the obliteration of thought will not be sufficiently numerous to prevent the very frequent co-existence of this act with the mental disease.

This method of viewing the subject of suicide has always appeared to me more philosophical, than the regarding an act so deliberately performed, as it often is, and with so tangible a motive, as involving necessary insanity.

Education rendering the effects of calamity less intense, by cultivating antagonist states of mind; the kindly sympathies of our nature, and more than all the influence of revealed religion with its system of rewards and punishments dependent upon a probationary state, these three agents may oppose powerful and effectual obstacles to the commission of suicide, whatever may be the strength of temptation.

But of these three topics the last alone is conclusive and irresistible in its appeal to our reason. This alone answers the question, What binds man to a life of incurable and excessive misery? by suggesting the hope of a remunerative state of being.

In truth, reason, in the absence of revelation, has never been able to make out a strong case against the commission of suicide.

The feebleness of Cicero's argument, based on the supposition, that it implies timidity, is now admitted at all hands.

"Remember," says Epictetus, "the principal thing, *that the door is open*. Do not be more fearful than children. But as they, when the play does not please them, say, I will play no longer; so do you in the same case, say, I will play no longer, and go. But, if you stay, do not complain."

The same strain of thought occurs in the writings of the happy and prosperous M. Antoninus. "While nothing draws me away from life, I remain in it, *being free to go*; if my room smokes, I leave it."

The peripatetic philosopher places the grounds of human happiness, in a state of mental regulation very similar to that inculcated by the Stoics; and though he does not suggest the remedy of self

destruction of such evils¹ as may not fall within the remedial power of self regulation, still he suggests no other.

"I have observed," says the learned Michel de Montaigne, "that the greater part of the ancient opinions are agreed in this point, that it is time to die when there is more evil than good in living, and to preserve our life to our own torment and inconvenience is to contravene the very principles of nature.

Κρείσσον το μὴ εἶναι ἢ εἶναι ἀβέλους.²

Still I may be asked, if suicide be opposed, as it undoubtedly is, to the principles of Christianity, why I endeavour to weaken the connection, which on high authority is presumed to exist between this practice and a morbid state of mind?

I have endeavoured to prove, that the hypothesis, which identifies suicide with insanity, is speculatively false. It is also a *practically* mischievous one. It narrows the moral grounds on which this awful sin should be met and prevented, by confining our attention, as far as this subject is concerned, to those in whom we also recognise the seeds of insanity.

We thus leave out of our consideration many who possess, indeed, that recklessness, which exposes them under adequate temptation to suicide, but who do not evince symptoms of the insane state. We have reason to suspect, that the predisposition to insanity is a limited one. But there are few, who have not felt at some period of their lives some portion of that discontentedness with the procedure of the world, which involves, not indeed the act of suicide, but the class of emotions out of which the *tendency* to it springs. The rooting out this class of painful emotions is valuable on its own account. And no one can say how far they might lead him on the road to suicide, if strengthened by habit, favoured by circumstances, and supported by personal intrepidity. That man is little fitted for the duties of life, who, at every turn of adverse fortune, or under every shifting cloud of ennui, feels that he could willingly "shuffle off this mortal coil," if he were but able to muster up sufficient courage for "the leap in the dark."

But suicide, however it may require to be considered as distinct in kind from insanity, certainly deserves notice in its relations to that disease. The above remarks, indeed, are not intended to deprive those who are interested in this painful subject, of the consolation which they may derive from this view of it. We are surely entitled to look at that event with mitigated feelings of pain, when it has ensued upon an attack of insanity. Those whose moral and religious principles would have enabled them to resist the horrible temptation, as long as their power of self control and the integrity of their perceptions should remain unshaken, are placed by opposite circumstances under a difficulty which must

¹ πρᾶγμα τυχαι.

² See note III. Appendix.

afford a painful but a large excuse, according to any rules, by which we can suppose the thoughts of man to be judged.

Besides those, in whom delirium and false perceptions indicate the presence of insanity, we are authorised to extend this plea in favour of such cases as a recent publication, the life of a venerable dignitary of the Church, has illustrated in one very painful example, A gentleman of unblemished life, and highly cultivated mind, whose only palpable drawback to happiness consisted in somewhat straitened circumstances, falls into a despondent state. He uses, in communication with a friend, the expression, that he "cannot much longer bear up against his troubles." In a few days afterwards, with no overt indication of madness, he terminates his own life. Now this is a case, which can hardly be accounted for, according to the ordinary laws of the human mind. We cannot by any effort of imagination place ourselves in a state, in which we should relieve ourselves of that extent of inconvenience at such a price. There was in this case neither conscious guilt, nor the dread of shame, nor loss of friends, nor poverty in its over-mastering form. We are, I think, compelled to adopt the supposition, that a *new* action, if I may use the expression, had been set up. That the delirious whirl of thought had occurred; that false perceptions had taken possession of the unfortunate gentleman; and that voices were calling upon him, and tempting him to the gulf, into which he so frightfully plunged. These symptoms, or in other words, a state of insanity had probably occurred. The case is widely different from the calculating suicide of a detected malefactor, or a proscribed Roman; to which latter person, there being no possibility of escape from an ignominious death, when "all the world was Rome," the commission of suicide became almost a matter of expediency.

The following considerations apply generally to this subject.

The suicidal tendency belongs principally to the bilious temperament.

It is rarely found in persons of personal timidity or of moral courage.

It is remarkable for the intensity, with which it operates, when developed in the insane, and for the address with which it masques its measures.

Accordingly, it increases the difficulty of treatment, whenever it co-exists with the insane state; and nothing but the most watchful attention can defeat the manœuvres by which the unfortunate patient endeavours to attain his purpose.

One of the first points which require consideration with this view, is the quality and kind of false perceptions occurring in a given case. Some lunatics will be found adopting their daily line of conduct, or again changing it, in reference to certain voices, which appear to dictate to them. Such persons are liable to carry into effect whatever measures are uppermost in their own mind, since these measures derive oracular force and influence from being conveyed, as it were, into their ears by their invisible companions.

Through questions adroitly put, as to the communications thus made to him, the patient's own intentions may often be obtained and anticipated. And this leads me to notice a rule of practice extremely important in regard to the general interests of the patient, as well as to our present topic. In discussing with him his false perceptions, while we assert, that he stands alone, or, as was well expressed to me by an insane person, that he is in a "minority of one," in regard to them, we must be cautious how we deny their reality, that is, their reality in regard to his perceptions, and much more how we deride him. By neglecting this rule, we often lose a valuable means of ascertaining the springs of action by which he is influenced, and thus of defeating improper designs, and generally we diminish his confidence in our promises and assertions. For the lunatic is not likely to feel the confidence, if feelings which are important to him, are derided; and if phenomena, which present themselves to *his* senses, are ascribed to his imagination. Meanwhile, the existence of this confidence is perfectly compatible with a distinct assertion and protest on the part of the physician or the friend, that *he* does not participate in those views which the patient describes as his own. When this relative reality is admitted, the sufferer is induced to accept the assurances with which they are accompanied, and to believe, that they may at some future time turn out equally correct in other points. Thus his judicious adviser may induce him to expect an alteration in the current of his thoughts and perceptions which may assimilate him to the rest of his species.

Exuberant gaiety bursting forth in one, whose ordinary state is extreme depression, constitutes an ominous symptom, where the tendency to suicide is suspected. The patient has often, at that moment, achieved just that state of orgasm, which will enable him to commit the act; and he exults fearfully in the consciousness of this.

"Furor est agnoscere solis
Quem liceat quos jam tangit vicinia fati."

Sometimes, in regard to this act, as well as in regard to other proposed extravagances, the patient announces his intention definitely and precisely. To such announcement the greatest attention should be paid as unostentatiously as possible. Dr. Burroughs gives an example of a nobleman afflicted with "*tædium vitæ*," who promised not to commit suicide before his friend returned, at an appointed hour. Unfortunately the friend returned one hour beyond the limited period; and he found, that Lord S—— had just shot himself.

The signs of a suicidal tendency, presenting themselves under insanity, should indeed be carefully studied in relation to the *non*-application, as well as to the application of precautionary measures. The former point deserves consideration. For it must be remembered, that the indulgences, the freedom from restraint, for

instance, which we must deny to an insane person, for the purpose of securing him against himself, are often such as would be conducive to his recovery, if they were compatible with his personal safety.

If the tendency to suicide occasionally requires the supposition of insanity for its explanation, this hypothesis is requisite in an equal degree to enable us to explain the wish to kill others, when this wish presents itself, as it often does, without any intelligible motive, or arrives at its horrible conclusion without meeting with those restraints, which a sane state would imply in the supposed case.

Often, under those circumstances, we are compelled to believe, that delirium is present during the whole procedure, and that the wish to destroy is operating without any control from voluntary power. It is unchained, as it were, and let loose by insanity.

Often, however, (and this latter head more particularly deserves the attention of the moralists), a tendency either directly or indirectly leading to the commission of the act, has sprung up in the mind antecedently to delirium, of which its indulgence has been the cause. Here insanity is, in some sort, productive of the homicidal *act*, and is itself the consequence of the homicidal *tendency*.

The following is the abstract of a case given by Dr. Esquirol, which illustrates this point.

"Mr. C—, a gentleman of a bilious and nervous temperament, aged thirty-three, about a year after his marriage, exhibited many signs of unreasonable jealousy, and soon afterwards became insane. From this attack he appeared to recover, and also to lose his jealous feelings. In a short time a relapse occurred, the delirious phenomena of which he again surmounted. It was observed, however, that he remained with a gloomy and suspicious aspect, after the subsidence of the disease, and his ancient jealousy occasionally showed itself. His suspicions now, however, appeared to direct themselves to the state of his house, on his return to which, after an absence of some duration, he asked his wife to accompany him to his wine cellar, that he might ascertain its being in order. As they do not return out of the cellar, his sister-in-law goes down after them: and on her also staying, a maid-servant follows, but instantly returns, in extreme horror. She had found her two young mistresses murdered, and only saved her own life by a prompt retreat. The murderer is found in a delirious state, intrenched behind some casks of wine; a razor near him. He is taken to an establishment, and, after a confinement of some months, dismissed as cured!

"He next establishes himself at Paris with a mistress; and re-enters into business. The tendency to commit murder, returns, as might be expected; and he endangers her life. She escapes, however; he is replaced at an establishment, and dies, in a few days, in a state of violent delirium."

Now here we have a long continued state of jealous excitement in a mind predisposed to this passion, and supplied with food for it even by his affections. On this, insanity supervenes. The savage impulses natural to jealousy now develope themselves, uncontrolled,

and they proceed to those results, which they tend to, when the will is suspended, in minds unfurnished with the countervailing tendencies or principles.

Persons, in whom the murderous orgasm is developed previous to insanity, that is, before their power of self-control has been abolished, have sometimes been able to warn the objects of their destructive inclinations of their danger, and enable them to fly from it. This circumstance is noticed by Dr. Combe, whose speculations, and those of the phrenologists generally, on the subject of the homicidal propensity, are full of valuable matter.

CHAPTER VIII.

Mental treatment of insanity considered relatively to its causes—Prevention of Insanity—Religious considerations—Difficulties in ascertaining character—Unintentional deceit practised on this point—Real co-existence of qualities supposed incompatible—Choice of profession considered—Rules for preserving mental health amid professional pursuits—Importance of uniting unprofessional pursuits—Treatment of insanity in its three stages.

Having finished this outline of the mental pathology of insanity, it remains, that we should apply the conclusion, which we have arrived at, to the prevention and cure of the disease.

This distinction is a convenient one. Though, in truth, the remarks, which we have to make on the first head, involve truths important also in regard to the second.

Those rules of education which are *generally* most conducive to the well being of the human mind, become essentially important, when the tendencies of the individuals lead us to anticipate insanity.

Virtuous principles should be strengthened; vicious tendencies should be supplanted in favour of the cognate virtuous tendencies. For a just theory of morals will suggest to us the fact, that our vices spring from impulses, to which education may ordinarily give a very different character.

The importance of the first suggestion, namely, the erecting principles of action, is extreme in relation to the insanely predisposed. For such persons are, as we have observed, ordinarily indecisive and regretful. But a general principle on any given subject supplies steadiness of purpose to the former, and controls the reactions of the latter by summoning to the aid of each party the satisfaction, which men always feel in being able to assign a reason for their conduct. Even the bad, if their vices have been erected into principles, are *so far* less liable to insanity, than men of virtuous tendencies, but of casual and uncertain impulses.

A high and enlightened religious feeling is, I believe, the best safeguard of the human mind against the invasion of this complaint.

It strengthens the tendency to hope, and supersedes those anxious regrets, which we have described as unsettling the influence of the will. The connection between religious associations and insanity

is not very justly appreciated. The apprehension of mischievous excitement, as arising from them, applies only to the actual presence of insanity; and is then only so far true, as the disease may happen to have been occasioned by wild and ill-regulated views on this subject. Religion, as dealing with the most important considerations, must, like any other very interesting subject of our hopes and fears, be liable to disturb the mind. But religion has rarely disturbed that mind, before which it has been brought rightly and wisely in early life and during the process of education. Some doctrines imputed to our faith by teachers, whom I must consider as ill-advised, have certainly a most dangerous tendency in this respect. I allude here particularly to the doctrines of election and sensible regeneration. If the tree be known by its fruit, assuredly those doctrines cannot have flowed from the Divine Author, to whom they are rashly imputed.

We have already noticed errors of management, which apply equally to the prevention and the cure of insanity, in regard to the important doctrine of repentance; when the structure of the individual mind happens to have been overlooked, and the patient is stimulated, who requires to be regulated and directed.

The management of the property of fearfulness is of extreme importance, when there is an insane predisposition.

With respect to personal fear, it is to be observed, that the elements of resolution or moral courage may exist in a high degree, in cases, in which animal courage is deficient. Now, resolution may be rendered an admirable substitute for intrepidity, provided the individual is not brought into very sudden or very novel dangers, before habit has given the decisions of his mind on this subject sufficient rapidity and firmness.

With respect to animal courage or intrepidity, there is a distinction between its forms, important to our present speculations. Some persons possess it in an eminent degree, when dangers are threatened from inanimate objects, and are comparatively deficient, when the mastery is to be obtained over things which, being possessed of life, can afford active resistance. This distinction is noticed by Sir James Mackintosh, who assigns the name of courage to the first, and bravery or valour to the latter form. "Courage," Sir James observes, "may be shown by a seaman, who braves the dangers of the sea, or by a horseman, who mounts a horse, which no one else will approach. Courage may be shown in calmly preparing for a surgical operation, as patience is exhibited in bearing it without a groan. Valour and bravery can only be displayed against *present* danger from a living if not a human adversary."

The above distinction is well maintained in a clever story in the "Chelsea Pensioners," in which the hero is delineated as intrepid under dangers from inanimate nature, but unable to sustain the class of dangers presented by an engagement,—and afterwards losing his senses, under this mortifying consciousness.

The fear of poverty and that of shame may be antagonised, the

first by the benevolent affections, the second by conscientiousness. The best method, generally, of curing a man's anxiety in regard to himself, is to make him anxious about the interest of others ;—and with respect to the fear of shame, our best appeal from the man *without* is to the man *within*. In regard to the fear of poverty, wherever this exists, the gambling principle, which it is apt to bring into action, requires to be carefully restrained. The love of gain is a most dangerous tendency wherever the fear of poverty is strongly developed. In such characters, the vicissitudes of fortune, where they are gainful, intoxicate. But when they lean to the adverse side, they depress in a much greater degree. In either case, they tend towards the insane state.

In our endeavours to regulate human character, one of our greatest difficulties is supplied by the efforts *unintentionally* practised to deceive us. Thus, men are constantly disposed to assume those moral qualities, which they wish to think themselves possessed of.

Cases may arise, in which two qualities shall really co-exist, bearing such a relation to each other, that the presence of the one shall indispose us to suspect the presence of the other. An unsound philosopher, who overlooks this occurrence, may place his friend or pupil in a very false position. I have thus seen a young man, who happened to be at once timid and conceited, pampered into a very erroneous estimation of his own powers, under the supposition, that he required excessive praise, his timidity veiling his conceit. I have seen another person, in whom high health, and buoyant spirits concealed much timidity and indecision, weakened yet more in his confidence in himself, by a friend, who studiously impressed him with the belief, that presumption was his leading defect.

If we consider the pulmonary or hepatic tendencies of a son, in making choice of a profession for him, it is not unreasonable that we should make this choice with some reference also to the qualities of his head or heart, in relation to mental disease. As this choice is usually made, it is often very mischievous. When made with *any* reference to character, it is often determined by an exclusive consideration of active tendencies. Ambition qualifies a man to be a statesman or lawyer ; love of the acquisition of wealth fits him for commerce. But ambition may flourish in the ungenial soil of a sensitive, irresolute, anxious character. The love of wealth is, as we have suggested, compatible with intense fear of poverty.

In each of these cases, the active tendency cannot be gratified without some risk in relation to the passive condition of the respective minds.

An error somewhat similar to this may often be observed in education ; where a boy's pursuits are determined exclusively in relation to his intellectual powers : thus a boy, already overcharged with imagination, is, on this very account, educated principally in the art of verse-making.

It is often important, that the individual should be furnished with

a collateral pursuit; an object, independent of his calling. And this consideration points to an advantage of *unprofessional* education, often too little considered. To bring up a young man exclusively to the pursuits which his active tendencies point out as appropriate, is often to leave him without any resource against the terrible shocks to which his character exposes him. But the operations of the intellect may be made available here, provided it be cultivated in those studies which are remedial to his peculiar failings. Thus a classical or scientific pursuit kept open in his closet, has often beguiled the *anxiously* ambitious statesman out of the regrets, the despondencies, and the disappointments, which his moral temperament involves.

Besides possessing themselves of some literary or scientific acquirements, I would advise those, whose talents allow them, to keep open some subject, of original thought, independent of their profession. Sir Humphry Davy was not the worse chemist for being a man of distinguished talents in literary composition; and he would probably have been a happier one, if some years of his life, previous to the commencement of his scientific studies, had been spent in the *deliberate* pursuit of literature at a university.*

Of the causes which make the current of our life uneven, one of the most frequent is to be found in the want of adaptation of professional pursuits to the state of the mind at the time at which they are entered upon. Education is arranged, and the entrance into a profession is timed, as if the development of adequate power, and the sobering down of antagonist tendencies, took place at the same moment with all. Whereas, these chapters of human life open at very different pages with different persons. Meantime, the stern voice of opinion determines a man's reputation, according to the exhibition which he makes, at whatever time his career is thus arbitrarily opened.

Agreeably with this reasoning, many, who are kept back by accidental circumstances, often erroneously regretted, even by themselves, from entering early into life, may have reaped the highest advantages from the delay. How far from involving any real obstruction to advancement such circumstances may be, is evinced in the progression of two gentlemen who have attained, in the present day, high eminence in the law; and, I may add, of the late Sir James Mackintosh.

Sir James Mackintosh, and one of the gentlemen to whom I allude, were brought up to the profession of medicine, and did not apply themselves to the more arduous labours of the law, until time had matured their powers, and removed the impediments of youth. The other gentleman, to whom I allude, was brought up to commerce. After spending some time in these occupations, he was sent to Cambridge, where he distinguished himself, and gained honours.

* It is, perhaps, needless to remark, that these suggestions apply to the furtherance of mental health, not of intellectual power.

How far the strengthened judgment and confirmed habits of application, with which he then attached himself to the law, may have promoted his success in it, is a question which can only be answered by a farther extension of this enquiry.

Who can contemplate fame, through clouds unfold
The star, that lightens o'er her steep, nor climb?

is the melancholy question of many others, as well as the noble author of these lines, whose powers of climbing have, perhaps, arrived at their fullest perfection, some time after they may have made an irrecoverable false step, from having attempted to climb before they had attained sufficient discretion for the dizzy ascent.

The above remarks may possibly be a series of truisms. But no one, who has studied the human mind in its deviations and morbid states, will consider them inapplicable in kind. The disappointments, occasioned by a false start in the great race of life, spread their influence through its whole course. And it is a painful reflection, that the period at which these irretrievable errors occur, is that in which they are in truth most venial.

I have given to these remarks a more extensive application than the purpose of the work might seem to require. But let us *now* suppose the precautions which they suggest to have been unsuccessful, and the morbid state commencing. Every effort must now be made, that may contribute to strengthen the influence of the will. The patient, if under observant eyes, will be noticed, as gradually surrendering himself, though not without a struggle, to some prevailing idea. His friends are conspiring against him; his movements, and very thoughts, are watched, the police are engaged for this purpose; insults are intended; poverty is impending over him; he has lost, or fancies he has lost, his power of sleeping, and indulges vague, but strong surmises of evil likely to result from this loss. Meanwhile he is struggling, often in secret, against the fiend-like invasion. All those efforts, which he may be observed to make, must be aided when they are right, and, what is equally important, tranquillised when they are wrong. Now they generally *are* wrong, when the patient assumes that he can master the painful impression by reasoning himself out of it. This is a contest in which the patient must be content with flight, and not seek victory: and such is the fascination exercised by the prevailing morbid ideas, that his flight is difficult, and requires external aid.

To administer such aid is also a matter of difficulty. The danger of mischief to himself or others, as well as the general necessity of repression, dictates surveillance (and this is always irksome and distasteful,) just when we most wish to conciliate liking and regard.

The latter objects, which cannot always be secured even by the most discreet advisers, are often heedlessly thrown away. Those advisers, who laboriously confute the patient's erroneous assertions, or deny the reality of perceptions, which are *real to him*, in other words, impute them to his imagination, strengthen his disease by

destroying his confidence in their judgment. To tell him, that his perceptions will sooner or later become different, is to give him comfort; as this gives him reason to hope a change in his circumstances. To deny their existence is to assure him that you do not understand his case.

Do not scold your patient. He wants an opiate at your hands; and as the drug itself rarely agrees with him, you must give it him in a moral form. Endeavour to relax the tension of thought, and feeling. Help him into listlessness. Meanwhile, though you argue no point with him, remember, that you must concede no measure. The more resolved he finds you, provided your firmness is tempered with kindness, the more he will rely upon you. He needs your support against his own vagueness and instability.

Check your patient, and teach him to check himself, at moments at which he is endeavouring to secure too large a measure of positive enjoyment. The measure of enjoyment, which every man should consider appropriate to his case, is just as much as can last its time, without occasioning nervous excitement.

If your patient is regretful, let him accustom himself to assume that the recurrence of regretful feelings is a law of his constitution; and to consider the force of each re-action, as commensurate, not with his reasonableness, but with the strength of the impulse, under which he had previously acted or resolved to act.

The medical measures, which should concur with this moral treatment, will be considered presently by the judicious application of such measures, combined with the mental management which we have detailed, the patient is often restored to a sound state before delirium has occurred; i. e. before the disorder has placed him beyond the reach of his self-control. But such hopes, again, are often frustrated; and when this is the case, another series of measures becomes painfully requisite. The patient must be protected against himself by coercion gently applied. This, Mr. Esquirol well remarks, may often be superseded by the demonstration of such imposing force, as may convince the patient of the futility of opposition. Perfect quiet and a darkened room are important. The patient, as has been observed, will emerge out of this paroxysmal state into a gentler form of the complaint, in which he will ordinarily continue some weeks, sometimes many months. In this, the third stage, as well as in the second stage, he will often be found to bear the restraints which are imposed upon him with unexpected patience. A madman submits to authority, which is fiercely resisted by the person over whom the disease only impends.

At the commencement of the second stage, the separation of the patient from his family and friends generally becomes indispensable. The value of this measure is attested by long experience, and may be justified by adequate reasons.

First, The total change of associations often thus effected.

Secondly, the calm and unimpassioned management, which the patient may experience from strangers compared with that of rela-

tions or old friends ; whose kindly sympathies, and sometimes their unkindly sympathies, might be prejudicial to him.

It will readily be granted that the affectionate sympathies of friends and relatives may be exciting to the patient. But apprehensions of their unkindness may appear to be based upon a low estimate of human nature. It must however be remembered, as pointed out in the early part of this work, that the moral department of mind generally suffers first under insanity. Thus a thousand occasions of painful and offensive intercourse have generally arisen between the insane person and his relations, before he has obtained the excuse, which *admitted* insanity affords. It must again be remembered, that as the affections of relatives are stronger, so their feelings are more alive to irritating conduct ; and therefore that they are likely not to command their looks, their words, their gestures, with the calmness requisite for such management.

Thirdly, It is often important to the comfort of the insane, in his intercourse with his relatives, when his recovery shall have been established, that they should not have been his keepers during his malady.

Fourthly, The separation, recommended on the above grounds, is also desirable, as being a direct instrument of the patient's recovery. And this leads me to a very important consideration in regard to the latter object. In this disease, which *appears* to paralyse every valuable energy of the human mind, the extent to which the patient contributes to his own recovery has not been sufficiently recognised. As the mist of delirium becomes less thick, he begins to recognise his state as one of separation and banishment ; he does not indeed admit the reasonableness of this banishment, but he is desirous of terminating it. He now gradually discovers, that certain trains of thought and forms of expression are objected to by his medical attendants ; he endeavours to avoid those trains of thought and those expressions ; for on his doing so, he is led to understand, that his liberation and re-union depend.

Meanwhile the gardens and pleasure-grounds of an establishment tranquillise. Few could afford to purchase such advantages, as a well regulated establishment affords, in any other form. The substitute afforded by private lodgings is frequently inadequate. They do not allow sufficient room for the exercise of the patient, who must not be brought into contact with the public.

At this period, namely in the third stage, the "*tempora fandi*," the opportunities of an effective remark, must be observed with watchful attention. Suggestions vividly and pointedly made of incongruities of thought and conduct often appear to rouse the patient into a consciousness of his state. His mind perhaps darkens again, but the vestiges of an impression thus made are often observable in his subsequent conduct. Many such alternations of light and darkness occur during convalescence. Those who are accustomed to this complaint know how to improve the opportuni-

ties thus afforded, without encouraging precipitate expectations of enlargement, or stimulating topics of conversation.

A very valuable influence may be obtained over the insane mind through the medium of its sympathies. By means of this powerful machinery the associating process may be arrested in its rapidity, and displaced from the irregular tracks in which it has been proceeding. In proportion as men sympathise, they are disposed to imitate; and it has occurred to me in many instances to observe the effect of a well-regulated mind upon the convalescent insane, when that mind is furnished with the curious tenacula of sympathy, which seize and hold under their influence the minds of others.

It may safely be assumed in these cases, that the sound mind imparts; the insane is the recipient. For it seems to be a law regulating the influence of sympathy, that the weak should take their tone from the strong. Instances have however occurred, in which the influence has been the reciprocal. An anxious and attached wife had maintained a long continued intercourse by letter and conversation with her insane husband, who resided at a private establishment. This gentleman had passed into the third stage of his complaint; and there continued. He required but little surveillance, and united in a remarkable degree his original capacity for clear thought and sagacious reflection with the rapid and erratic associations of insanity. The lady herself, though nervous by temperament, had a sound and strong understanding. In talking with her, however, it is easy to see, that the sequence of her thoughts, and the links by which they are connected, have been influenced by the habitual contemplation of a morbid mind. Their mental relation has indeed become that which is expressed by the terms, "ils s'entendent."

There is much skill required in the management of the insane, in observing a distinction between those ideas, which belong to his disease, and those, in regard to which his mind is *at the time* not insane. The power of control over the train of thought sometimes returns very suddenly; and it is of immense importance, that the chain thus recovered should not escape the patient's grasp. Now, whatever modes of thought receive the sanction of a judicious medical attendant, are by this circumstance in some degree recommended to the attention of the patient, provided his sympathies have been secured. Thus his recovery becomes valid in his own eyes, when countersigned, as it were, by the opinion of his friend.

A patient, who had been insane for three years, and had spent a large portion of that time at the establishment at Ticehurst, had passed into a state of alternate lucid intervals and paroxysms, each of these states successively lasting for some weeks. At the commencement of one of these, he announced to Mr. Newington, the proprietor of the establishment, that he should never have another attack. On learning this, as well as that he had never before made any similar remarks, I went over to Ticehurst; and formally stated to the patient, that I accepted with pleasure his announcement of

his recovery; that I believed he was correct in his supposition that it had taken place; that nothing more remained, than that he should give himself and me some proof of the soundness of his own impression, by spending a portion of time, which I named, at the establishment. This patient never relapsed.

Hitherto, I have supposed that the disease is tending towards recovery, and I have contemplated a state of the case in which, as the delirium subsides, a clear and lucid state of the mind is disclosed. It is perhaps favourable to the activity of our exertions, though it involves a want of scientific precision, that we are so little able to speak confidently of results. In the case above alluded to, three years had elapsed; still the patient recovered. In most cases of equal endurance, by that time, evidence of a weakened and paralytic, as well as perverted mind, will have become manifest. With this a failure of bodily health keeps pace. The skin becomes more dry and harsh; the figure more meager; one of those lesions of brain, which dissection discloses, will have probably commenced. The patient may, however, still live long, if not exhausted by depletory measures; or if there are not other physical conditions involving extreme nervous excitement or epileptic paroxysms. For, on the other hand, he is no longer subject in the same degree to that excitement, which his intellect and his moral deportment had before supplied him with.

Over this melancholy state art is unavailing as a source of cure, but may go far to alleviate pain, and make existence easy and comfortable.

CHAPTER IX.

Physical treatment of insanity—Mental and medical influences produce equivalent physical effects—Physical treatment referable to temperament;—in the employment of depletory agents;—of tonics—of sedatives—of counter-irritants.—These measures considered separately in their application to the three stages of insanity.

I have hitherto described the mental treatment of a mental disease: and I have been the more desirous of asserting the importance of this view of the subject, because it is always liable to be neglected in favour of physical treatment founded upon physical views.

The treatment, which regards our animal economy in its physical state, operates through agents, if not more potent, at least more definite, more immediate and more easy in their application. A dose of calomel is easily administered; and, if it succeed, is very prompt in its relief of mental uneasiness. A system of mental discipline is of slow operation. Between the two systems there is, however, this important difference; that the one has no necessary connection with

the formation of a habit of self-control ; while the other essentially involves it.

The quaint author of *Clarissa Harlowe*, puts before us the convertible nature of mental and medical influences even in producing a given physical state, when he represents *Lovelace* as having recourse to a dose of *ipecacuanha* in order to obtain the wan and disconsolate appearance of unrequited love. And it would require the pen of *Montagne*, or of our own *Burton*, to tell us, without unbecoming levity, in how many cases of escaped madness the regulation of the state of the bowels has at some critical moment been preservative ;—or again, how often this disorder has arisen from the corresponding neglect.

Still the deliberate adoption of precautionary measures, whether of a mental or of a physical kind, against insanity, is somewhat repugnant to our feelings. Men do not like to consider themselves obnoxious to this disorder. The assurance that there is no insanity in a given family is made with more earnestness, than, that there is no consumption in it. But neither in the one case nor in the other, have we taken the gauge of that predisposition, which may be sufficient to produce the disease, if external events favour its growth. Of this, however, we may be assured, that in each case, the precautionary measures are such as would be salutary, even if there were no such danger impending over their transgression.

The medical and hygienic measures, which *prevent* insanity, may indeed be described as those, which would most tend to secure the general health of the patient, according to the laws of his temperament.*

With respect to the curative treatment of insanity, the remarks, which I have to suggest, apply to four points. The use of depletory agents ; the use of tonics ; of sedatives, and of counter-irritants.

In deciding on the fitness of depletion and its requisite extent, two prominent features of the insane state should be kept in mind ; the exhausting nature of the complaint ; and its affinity to inflammation of the brain. The last of these liabilities gives a reason for *some* depletion in *some* cases ; the first of them enjoins moderation in *all* cases.

The various aptitude of men in relation to temperament are important topics in deciding these questions. A well-timed blood-letting in the first stage of insanity removes a physical obstacle to self-control, under the sanguine or bilious temperament, or one compounded of these two. The same process with difficulty finds a place under the nervous temperament, owing to the rapidity with which the vital powers of such persons will be squandered away, when a lowering treatment is adopted under circumstances, which involve a rapid expenditure of nervous energy. Besides, these patients can ill support the process of re-action, which succeeds losses of blood. When the powers of self-control are wavering, the inter-

* Vide Note IV.

val which separates the patient's mental state from delirium or incoherency is a short one, and easily passed. Any physical procedure, which hurries the circulation, tends to carry a predisposed person across it.

In one case, which I witnessed, that of a middle aged lady residing at an establishment, in whom the disease had continued for some time in its first stage, the application of a few leeches to the temples, which her dull and oppressed look and robust figure seemed to indicate, as, at least, a safe measure, gave a very mischievous development to the disease. She became instantly very delirious, laughing and chatting incessantly, and in this state I found her on my next visit to that establishment, about four months afterwards.

The bilious character of this case made us overlook its nervous phenomena.

The following passage from a letter written by a lady with whom I was in correspondence in the year 1835, brief as it is, develops a case, in which a practice similar to that described in the last, would very probably have led to similar results. This lady had by my direction taken some mild, alterative aperients, and a cordial mixture for six days. "I still feel," she says, "a whirl about my head. I should describe it, as if it felt too tight; and express the feeling, as if air got in, and made a whistling or rushing about my ears; or *I could fancy it voices talking to me*. I feel a reluctance to apply to any thing; to work a sum with my children seems too great a strain on the forehead; and I forget as soon as I have read a page, or indeed any conversation; even, if I desire it to make an impression. I once, many years ago, in 1818, had a slight illness in Paris, and possibly from over excitement a tendency to imagine things different from what they really were. This always made me most anxious during my confinement, and at other times, to keep myself as tranquil as possible. I never had any return. But have for some time felt unwilling to attempt mental exertion. I remember, once at —, taking some bark and cayenne pepper; and it seemed to clear my ideas and to make my mind more collected."

The writer of this letter describes in the last sentence the practice appropriate to the first quoted symptoms. She was a fine person, aged about thirty-five, of a full but flaccid figure, her temperament leucophlegmatic and nervous; but, living in a very bracing air, she kept herself in a state of fulness, which might easily simulate the robust sanguine constitution. She had *had* several children; and her mind was kept on a stretch by domestic cares. The catamenia were free in quantity and regular. Now, in this case, the lancet, if used for the above congestive symptoms, would have had a very mischievous effect on her powers of self-control.

The melancholic, as we have observed, bear moderate depletion well. The oppressed head and pulse given by hepatic obstructions, which belong to this temperament, often require relief from cupping or the lancet. And if under insanity this operation is moderately

performed, it will probably relieve and lighten without exciting. But, if the good thus gained encourage us to push the operation further, we may next find the patient complaining of an opening and shutting sensation of the head, of inability to command his thoughts, and perhaps of voice which he hears whispering to him. Under these circumstances, depletion has been carried on too far. In a large and powerful man of this temperament, I have seen free venesection convert quiet melancholia into delirium.

The following is the outline of a bilious case successfully treated and cured in its first stage. Venesection had been moderately performed by a skilful general practitioner immediately before I saw this patient.

Mr. C. D. a dark complexioned athletic person, aged fifty, has for some weeks been declining into melancholia. He sleeps ill, and feels occasionally as if he were losing the power of self-direction; seems to himself to have become subject to irresistible external agency, does not however hear voices, or see any figures; says that under these circumstances, he is occasionally overtaken by shocking thoughts (some years ago he had attempted to commit suicide). Such states of mind appear to subside into hysterical crying. He has good and bad days nearly alternating. Latterly, he has lived less temperately than is his usual practice. His bowels are somewhat confined; motion light in colour and heavy in substance; urine high-coloured. This gentleman some years ago had an attack of insanity, in the course of which he attempted suicide.

July 8th. Sumat camphoræ gr. i; hydrarg. submuriat. gr. iij. ext; colocynth. comp: gr. v, hac nocte. Inf. sennæ 3 xi, tinct. sennæ 3i, sulph. magnesiæ 3 ij, cras mane infricetur unguent. antimonii tartaris. nuchæ bis quotidie.

July 10th. Pil. hydrarg. gr. xxv; ext. colocynth. comp: gr. xxx; scammonæ gr. vi, camphoræ gr. iv; dividantur in pil. xiv, e quibus ill mantur ij, alternâ quâque nocte. Infus. sennæ 3xi, tinct. sennæ 3i, potassæ sulphat. 3i, fiat haust. bis quotidie sumend.

July 19th. He is more consecutive in conversation, but still sleeps ill, and says that in the night he wakes up in a state of confusion; and he asks the attendant, who sleeps in his room, if he does not hear voices. His pulse is (and has been) fifty four, not remarkable otherwise. Perstet.

July 28th. He is so much better, that his attendant is dismissed; his butler sleeps now in his room; a pustular eruption has been excited; his pulse is sixty. The alternation of good and bad days is ceasing; and his shocking thoughts no longer occur to his mind; but he still sleeps uncomfortably.

In about a fortnight from this time the patient had completely recovered.

Now in this case, full living, and neglected bowels, occurring in a person predisposed to bilious congestion, had induced torpor of the liver; and this again brought into operation a tendency to melancholia. The main object here was to unload without depressing;

and it was attained. The presence of an attendant was a protection to the patient against his own fears; as well as a motive for his exertions to attain self-control.

In the case of a young lady, in the year 1818, in which I pursued a similar depletory plan at the commencement of the treatment, the accidental taking of a dram of nitrate of potass by mistake for a scruple three times a day for a fortnight, which produced bloody evacuations and obstinate vomiting, appeared to operate most beneficially in the disease. It subsided with going into its second stage, and has never recurred.

The serous temperament obtains most benefit from counter-irritant depletion. Though it will bear moderate abstraction of blood. In each of the temperaments this operation is contra-indicated under the second stage by the nature of the disease, though sometimes rendered unavoidable by the occurrence of inflammatory symptoms.

The application of tonic medicines under insanity is often indicated by the tendency of the disease towards exhaustion. But it should be modified by the liability of the same disease to proceed into a state nearly allied to inflammation of the brain.

In persons of the nervous temperament tonics may, however, prevent this state by giving steadiness and firmness to the circulation, as in the case alluded to, page 42. But in the sanguine or bilious temperament, if applied in the first stage of the disorder, would occasion its inflammatory development. Not so in the serous temperament: here tonics, united with strong aperients, often relieve the patient very promptly and effectually.

According to this view of the subject, the use of tonics in the first stage of insanity is valuable in the nervous and serous form, mischievous in the bilious and sanguine form.

In the second stage, tonics are inapplicable, whatever may be the temperament of the patient.

In the third stage, they are valuable in every temperament, with this reservation, that their use in each should be cautious or bold, in the same proportion as it be noxious or salutary in the first stage of the disorder under that temperament.

Thus the nervous temperament demands a more liberal use of tonics than the sanguine or the bilious.

Comparing the mischievousness of misapplied tonics with that of similar depletion, we may observe, that an injudicious use of tonics is often negative as to its intended effects. They perhaps merely disagree with the stomach and bowels; perhaps irritate and pass off through the latter channel. But a loss of blood is sure to achieve its purpose, and must occasion a definite and certain loss of strength to those who do not require it.

Purgation is a most important agent in the treatment of insanity throughout all its stages; and the principles on which it is conducted must in such case be estimated with a careful reference to temperament. The bilious and leucophlegmatic or serous bear it well, and often require that it should be largely performed. With

them the use of purgatives seems valuable, both as unloading them and as directly reducing arterial action. With the sanguine temperament it is more valuable in the former relation. The best practice in this class of cases is free purgation, preceded by moderate abstraction of blood in the first stage. This practice, if carefully carried into effect, is applicable also to the sanguineo-nervous temperament. Persons thus constituted will often appear worried and excited by the action of aperients, unless the circulating system has been first directly relieved; and the lancet, it will be observed, diminishes the necessity for active aperients.

In the unmixed nervous temperament, abstinence from blood-letting and temperance in the use of purgatives are generally expedient. In this state, a combination of sedatives with aperients is valuable.

The intention of sedatives is in every stage of the disease a wise one. By soothing the insane patient, we at once give him wholesome strength and reduce morbid action. Of all the medicines which possess this virtue, opium has been in my experience the least valuable, and digitalis the most so. The following recipe I have found very useful in the second stage of the sanguine or sanguineo-nervous temperament. *Mixturæ camphoræ 3 xii.; potassæ nitrat. ℥i.; tincturæ digitalis ℥xv., m. fiat haust. ter quotidie sumend.*

Opiates appear to be mischievous under insanity. They minister to bodily irritation better than to mental. At the same time under certain states of sleeplessness, it may be prudent to give any agent a trial, which may have a fair chance of obviating it. In one case, in which this state co-existed with a tendency to suicide, I gave an opiate combined with a dose of calomel, knowing that the opium would disagree, but thinking it essential to the patient's safety that she should be convinced of her capacity for sleep even at the expense of uneasiness during the next day.

The extracts of henbane and lettuce are useful combined with camphor in small doses, and with the compound extracts of colocynth. For stomachic purgatives obviate the depressing effects of sedatives upon the digestion. Few sedative medicines are more safe, as well as salutary, than the infusion and tincture of hop.

The value of counter-irritant and derivative remedies in madness deserves farther investigation than it has received.

Depression of mind often supervenes upon a suppressed or departing eruption. And it is equally certain that the restoring or imitating, or finding a substitute for this, has relieved the mental affection. Dr. Jenner's five cases of successful use of the unguent. *antimonii tartarisati* are conclusive as to its beneficial effects under insanity.

Of blisters and setons Haslam speaks distrustfully, and quotes Dr. T. Munro's opinion to the same effect.

Blisters, setons, and issues, form a part, and apparently a beneficial part, of Dr. Prichard's admirable practice.

The following case from Dr. Nesse Hill¹ suggests a caution in regard to the counter-irritant practice, which deserves notice.

Mrs. E., ætat. seventy, mother of nineteen children, had enjoyed excellent health until the autumn of 1809, when she first began to feel an odd uneasiness at her stomach, with low spirits, nausea, and an aversion to her former food. These feelings did not exist long without being accompanied by unequal temperature, constipation, disturbed nights, with incubus and frightful dreams. She likewise suffered from vertigo and a sort of whirligig in her head, as she termed it. Loss of memory and great terror now succeeded; a disturbed slumber for an hour or two was all that the poor old woman could get night after night; so that every morning, such was her mental distress, she declared she should go out of her senses. Being naturally robust, and formerly enjoying excellent spirits, this new situation was the more unaccountable, and she was indeed on the verge of melancholy, when suddenly a violent itching commenced at both wrists, ran up the arms to the elbows, which limbs were soon covered by a scaly eruption having the characteristics of lepra. All her other complaints now gradually receded, and the mental disturbance as gradually vanished, like a summer cloud. Various remedies were used to cure the "nasty evil," as she called it, on the arms; several of which diminished it considerably; and in proportion as they did so, the distressing, internal uneasiness, and correspondent mental symptoms returned, and vice versa. All this ebbing and flowing she endured with patience for three years, when regular medical assistance was sought, and to her great satisfaction was obtained, by emetics in moderate doses, fasting twice a week, mild saline aperients constantly acting on the bowels. Decoct. ulmi cum acid. nitric. dilut. oxygen. muriat. potass. and an issue in the arms. The affected limbs were merely kept soft and clean with vinegar and warm water, until the general health was improved; when the unguente pice et hydrarg. nitrat. p. æ. with a decoction of digitalis cleared them safely.

Now in this case it is to be observed, that the natural process, of which counter-irritants are an imperfect imitation, did not answer as well as the general depletory treatment, by which the whole morbid state was finally subdued.

Out of twenty-five cases which he narrates, Dr. Hill employs setons in three; in two of these with great advantage, one of them having succeeded a suppressed eruption.

Dr. Burrows speaks distrustfully of the counter-irritant system, except in retrocedent eruptions, and justly notices the sloughing sores which the unguent. antimonii tartarizati may produce.

Dr. Esquirol would limit the application of this "médication perturbatrice," as he well terms it, to "monomaniaques," and persons labouring under some forms of *démence*.

¹ Essay on the prevention and cure of Insanity, p. 445.

My own opinion is in favour of this practice, if accompanied by constitutional remedies, in the bilious, leucophlegmatic and sanguine temperaments. The period for its application is generally the first stage of insanity. In the sanguine temperament, the use of counter-irritants should also be preceded by direct depletion.

The perturbing effects, spoken of by Dr. Esquirol, may be imputed generally to these measures, when applied to the nervous temperament.

CHAPTER X.

ON BRUTALITY.

Distinguishing features of insanity restated, and contrasted with those of brutality—The latter disease traced to deficiency of the moral sense; principles of treatment deduced from this supposition—What men will not do, as being right, they must do, as being ordered to do it—The class of persons to whom this principle is applicable, left uneducated or ill-educated, owing to its non-application; punished, when convicted of criminal acts, not taught to avoid them.—*e. g.* Lord Ferrers—Discrepancies between these views and some contained in a former essay by the author.

We have pointed out, that those who labour under insanity exhibit also a certain suspension of the power of will.

To this suspension of the power of will we have attributed the incoherency of thought and the falseness of perception, which, when not accounted for by sleep, or produced by certain forms of physical disease, indicate the presence of the insane state.

In this point of view we have termed insanity a state of mental perversion. For the suspension of the will does not at any period of that disease amount to abolition of its influence; and the operations of thought and perceptions are vitiated in the course of it, without being destroyed.

We have next to consider a primary mental disease, in which the deviation from the normal state goes a step farther, and amounts to the original deficiency or abolition of a property.

In discussing this form of mental disease, I shall borrow its leading features from an essay,¹ already before the public, in which I have endeavoured to portray its features, the grounds on which it may be contrasted with the normal or natural forms of vice, and the principles of its treatment.

“In the following passage, Tacitus sums up the moral life of the Emperor Tiberius: ‘His moral character had,’ he observes, ‘different periods. It was excellent in the life which he led, and the

¹ Essay on the relation of the Theory of Morals to Insanity, by T. Mayo, M. D.

good report which he gained, while he remained in private life or held office under the sway of Augustus. It was dark and deceitful in the simulation of virtue, as long as Drusus and Germanicus survived: it was still the same, with a mixture of good and evil, during the life-time of his mother. It was formidable in cruelty, but free from exhibitions of open lust, while he loved or feared Sejanus; finally, it burst forth at once into vice and infamy; after that, all influence of shame and fear being removed, he acted entirely in conformity to his own dispositions.”¹

“In drawing the character of the notorious Lord Wharton, Swift makes the following remarks: ‘I have had the honour of much conversation with his lordship, and am thoroughly convinced how indifferent he is to applause, and how insensible to reproach. Which is not a humour put on to serve a turn or meet a countenance, nor arising from any consciousness of innocence, or any grandeur of mind, but the mere unaffected bent of his nature.

“*He is without the sense of shame or glory, as some men are without the sense of smelling*; and therefore a good name to him is no more than a precious ointment would be to these.’

“The following instances of this ‘bent,’ or deviation from common nature, are obtained out of a less elevated rank of society. Mr. A. was born in a respectable station, and is in possession of a good fortune,—of as much at least as he has allowed to remain out of a good fortune. He has a wife and children, and as many friends or rather associates as his convivial qualities retain for him in spite of the hardness of his character. He has always been profusely extravagant; for his passions and appetites have compelled him to squander money which he would probably have hoarded if his selfishness had taken that turn. His temper is at once stern and violent; and all who know him expect that the disposition of his will must prove him to the last moment of his life utterly unjust. If he had sufficient courage he would rob and murder, for his cupidity is under no moral check; but he is naturally very timid, and owes to this circumstance his freedom from such acts as the law construes into crimes. Such is Mr. A.; and such also, or as nearly such as the distinctive points which separate all individuals will allow, is Mr. G., his neighbour. But there happens to exist a peculiarity in the latter, which materially alters the course of his life and its results upon others. Mr. G. was observed to talk very much to himself; this excited attention, and on farther enquiry it was discovered, that he was habitually under the influence of false perceptions, and that he considered himself solicited by certain voices, audible only to himself, to perform those actions, which indeed flowed naturally enough from his own evil dispositions. Mr. G. was accordingly recognised as a lunatic, and placed under restraint. Thus the family of Mr. G. is secured against the results of his moral character; and his fortune will

¹ Vide Appendix, Note V.

descend according to the principles of law, thus dealing out a justice to others and a protection to him which would have been refused but for this hallucination.

"If on the one hand the interests of virtue require the admission of a moral sense, and if this admission is borne out by sufficient natural evidence,—on the other hand, it still appears both reasonable and humane to accept with readiness the proofs of an exception to this general law. Aristotle terms the absence of a moral sense a lesser evil than the struggle of vice against a principle of conscience; probably because it involves less responsibility. And surely to impute a principle of conscience or moral approbation to the class of men which the above cases illustrate, is to allow a very gratuitous extension of the depravity of human nature, which will rather weaken than strengthen our belief in the law, or, what is equally mischievous, will dilute and reduce the value of the principle itself, as a counteractive to sin.

"Now, according to this view of the subject, we have a class of persons, differing from the majority of mankind in their incapacity for moral distinctions, differing from the insane, in not labouring under any suspension of the power of will. On the first of these grounds they have a right to a place in our system of mental pathology. On the last, they must constitute a distinct head from insanity. I am not at present considering this class generally; I exclude, indeed, that section of persons in whom the absence of principle is obviated by the harmlessness of their tendencies. I am speaking of persons destitute of the moral faculty, and *also* vicious in their propensities. For these, I have borrowed the designation given to them by Aristotle, and I call them *brutal*.¹

"In regard to the principles on which this morbid condition may be treated, the law, it may be observed, greedily takes advantage of its co-existence with insanity, whenever this occurs, and it readily does occur, to control the unsound habit of mind, but has not hitherto been able to grasp it in its own form. Although in truth the state which we term brutality spreads as wide devastation as insanity would, if insanity were left uncontrolled; and is, according to the above view, equally a disease of mind.

"The question how far the laws of our country might be so modified as to subject brutality to the same restrictive and protective treatment, which is actually applied to insanity, does not belong to our present subject.

"The presumed object of such measures would be to prevent or obviate the mischief arising both to society and to the offender from the habit when formed. But it is in the education of our youth, and there only, that we can find those alternatives of the human mind, which can prevent the formation of the habit.

"Now as far as morality is at present a subject of education, the choice of motives and objects is made with an exclusive refer-

¹ Vide Appendix. Note VI.

ence to those who have in themselves a capacity for the perception of moral distinctions. Thus at public schools, the universal appeal is to the sense of honour, to right feeling, to the generous sympathies of our nature. But what have these appeals to do with the human brute,—the being who is presumed to be unconscious of such motives and sanctions? The motive to right conduct furnished by its rightness, being here inapplicable, some other fulcrum must be found for the moral lever. What men will not do, as being right, they must be content to do as being ordered; and in truth they are contented to do so if the measures thus adopted are uniform and unhesitating. No one, who has observed mankind attentively, can fail to have noticed the discomfort of a large number of persons, when released from well-managed influence. It must indeed be remembered, in regard to the mind, as well as to the body, that the same machinery which restrains may also support and strengthen.

"I need scarcely say, that violence, always wrong, where moral regulation is concerned, is here peculiarly so. Violence tends to alter the relative position of the judge and the offender in the mind of the latter. This tendency may be obviated in minds of a higher cast by the penitential regrets of admitted misconduct. But in the *absence* of the moral feeling, it places the sufferer under the full and unmitigated influence of resentment, which tends to exculpate him in his own eyes. Accordingly the required measures, (though perhaps carried into effect by a series of expedients,) should have that quiet and apparently irresistible force, which may give to a process of discipline the passionless character of a law of nature. The only form of education in the present day, which can be said to operate conformably with the above reasoning, is to be found in the workings of a penitentiary. And this is a *penal* state. It is indeed a most painful consideration, that we are often compelled to wait until an opportunity is given of correcting a moral defect by its ripening into a crime. The very improvement which is taking place in our schools renders this consideration more necessary. Our best seminaries, in fact, exclude the unfortunate being, whose cause I advocate, from their walls. Probably they are right in this exclusion, as far as the interests of the better class are concerned. However this may be, something intermediate is obviously wanted, on our present principles of education, between a well-regulated school and a mad-house.¹ Those who are unsusceptible of the motives employed in the one, have now no refuge but in the other."

I have left these remarks nearly in the state in which they stood in my former essay. They point to a form of human character, too uncommon and abhorrent from our sympathies to constitute a law; sufficiently frequent, however, in its occurrence, to demand anxious consideration as an anomaly.

¹ For a case in which this latter expedient was unwillingly but successfully resorted to, vide Appendix, Note VII.

It is indeed time, that the disgraceful scenes should terminate, which are now occasionally enacted at the public offices in London; where a father is heard requesting that an ignominious punishment should be inflicted upon his son, as the only moral expedient which can reach him; and thus finds no other mode of obviating the deficiency of principle than the *penal* inflictions of the law.

But it is yet more painful that the offender should be allowed to wander on through crimes and inflicted misery, until he reach this goal. An instance of such a termination to the course of the brutal person is afforded by the unhappy Lord Ferrars. That nobleman was not *insane* in any customary use of the word; his intellectual faculties were good; and they were directed by a powerful will towards definite objects; neither did he exhibit that moral incoherency, which we have described among the earliest phenomena of the insane state. The business-like talents, indeed, which he displayed in his own defence, indisposed his judges to allow him the advantage of *that* plea. But his brutality made him unfit for *social* existence: the laws of this country did not reach him as a subject for confinement. Therefore he was hanged. This procedure was unavoidable under the circumstances of the case, and in the present state of our laws; but it constitutes a painful fact, considering that education at present affords no preventive to such criminality.

Those who have perused the essay quoted in this chapter, may observe some discrepancy in the views adopted in the present work, from those expressed in the essay.

That moral state, which in both works is termed brutality, is brought forward in the essay as a form of insanity. Farther consideration has satisfied me, that to class the former under the latter head will be loose and unphilosophical.

The moral symptoms of insanity, as described in the early part of this work, are a very important subject; the more important, as they occur at an early period of the disease, and afford at that time the only clue to its existence. But brutality is a distinct state from this. It implies destitution of principle, while insanity implies perversion of tendencies and want of self-control. In the latter case, the patient cannot hear the voice of conscience; in the former case, he has no conscience to hear.

CHAPTER XI.

IDIOCY.

Idiocy analogous to brutality, as bearing the same relation to the understanding which brutality bears to the heart: points of difference affecting the restraints applicable to these states—Idiocy congenital or supervening on other states: illustrative cases—The least decided cases the most difficult of management—General principles of treatment, moral and medical—Remarkable case, illustrating the danger of precipitate conclusions as to the existence of confirmed idiocy.

It will readily be admitted, that the predominant phenomena of idiocy are mental, though, like the other mental diseases which I have considered, it is accompanied by much physical affection.

Idiocy is analogous to brutality, as it implies a deficiency or abolition of natural properties. In this respect it bears the same relation to the understanding which brutality bears to the heart.

There is, however, this remarkable advantage in idiocy over brutality, relatively both to private and to public interests; that it is comparatively easy to check the extravagances of the idiot, and to defend both society against the patient and the patient against himself; while the brutal person, though destitute of those moral sentiments which direct the understanding to salutary purposes, may be fully competent to use it, so far as to secure himself against the coercion which his case demands. He is only restrainable when he has become the subject of penal measures; and these, in private life, are inflicted by the law. To persons whom circumstances have placed beyond the reach of law, the preventive punishment comes later, and often not till they have compelled its infliction by strange atrocity. Such was the fate of the Emperor Paul, of Nero, of the Duke de Valentinois.

Idiocy, our present subject, is either congenital, or a state supervening upon some noxious influence subsequently applied. In the latter case, when it occurs in childhood, it retains the name of idiocy; when it occurs at a more advanced period it has been called, by French writers, *démence*.

In early life, idiocy supervenes upon various forms of cerebral disease, and the liability to it is greatly increased, if the patient is treated harshly, or with ill-regulated indulgence, or if his intellect is over-stimulated. The following case, from Dr. Nesse Hill,¹ illustrates the miserable results of early mismanagement.

"T. T., a weak, feeble child, at nine years, was on this account kept at home, and foolishly accustomed to every indulgence. His nurse always burnt a light in his room till he was asleep, entertaining him with stories of ghosts, bugbears, &c. He was, at the above age, sent to a country school to receive the first rudiments of

¹ Essay, &c., p. 440.

education under a crabbed old woman. His intellects at this time were not inferior to those of children of the same age. For some trivial offence she one day bestowed several heavy thumps on his head, and thrust him into a dark hole. He became petrified with terror, so that, when taken out, he more resembled a statue than a human being. He continued stupid, and this being called obstinacy, his punishments were augmented, until idiocy seemed to overwhelm his reason. On his return home, to a numerous family, he was imprudently exposed as a butt to them; he was now pale, emaciated; had sunken restless eyes, sordid irregular appetite, hectic flushings; often uttered piercing shrieks, especially in the night, beating his head violently with his hands; somnambulism rendered him very troublesome. Still many persons thought that all this arose more from perverseness of temper than any thing else; hence these vented their disapprobation by a push or a blow, and oftenest on the head.

"Thus he lived in continual fear, mechanically bowing his head, and shrugging his shoulders, to receive the coming insult when any one approached him: hence he has been observed to crouch, and draw himself into himself, as it were, when no one has been near him, merely from some distant noise. This association being always accompanied by pain, became very durable: it has continued twenty years: his faculties are still deranged."

The general characters of confirmed and well-marked idiocy are powerfully given by M. Fodéré; and the various minor degrees in which this defect of intelligence may exist, are admirably developed in the late work of M. Esquirol.¹

The following case is a well-marked one, though far removed in degree from the cretins of M. Fodéré. I give it in the author's words. "*E.*, âgée de vingt-trois ans, est courte de taille, mais grosse, ramassée et pourvue de beaucoup de tissu cellulaire graisseux. Le front s'élève à angle droit et aplati. Les régions temporales sont prominentes. Les cheveux châains sont abondans et durs; les yeux bruns sont petits, louches, et presque constamment dans un mouvement convulsif qui se dirige en haut. La physionomie est douce et peu expressive. Les bras sont courts, peu souples, et se meuvent d'une manière convulsive. *E.* ne peut pas ouvrir franchement les mains; les doigts sont toujours fléchis, comme contractés, ils ne s'étendent qu'un à un, lentement et avec effort, le plus ordinairement l'index seul reste étendu. *E.* se nourrit bien, quoiqu'elle mange peu, ses déjections sont faciles; elle est régulièrement menstruée.

"Elle marche péniblement, en canetant et par saccades. Sa marche est mal assurée, aussi reste-t-elle habituellement assise. *E.* n'a que des sensations fugaces; elle a peu de mémoire; elle reconnoit les personnes qu'elle voit habituellement; elle sait compter jusqu'à vingt et un; si on lui demande un nombre, elle montre à

¹ Esquirol des Maladies Mentales. Tome ii. p. 316.

sa manière autant de doigts qu'il y a d'unités dans le nombre demandé. Elle connoit la valeur de quelque monnaie, distingue les utensiles qu'on lui demande s'ils sont à sa portée; elle aime les fleurs et les fruits. Elle ne parle pas, mais elle entend, et va chercher l'objet dont on lui dit le nom. Jamais elle n'a pu apprendre à parler; elle exprime ses pensées et ses affections par deux sons, l'un allongé *hi-hi-hi-i-i-i*, l'autre, *he-he-hee*, qu'elle produit en précipitant la respiration, et qu'elle module différemment suivant ce qu'elle veut exprimer.

"Les qualités affectives dominent chez cette fille. Elle est très affectueuse; elle s'attache aux personnes, avec lesquelles elle habite, et surtout à celles qui la soignent. Elle est venue de l'hospice des Orphelins avec une autre imbecille; se plaît avec elle, et lui fait part de ses alimens et de tout ce qu'on lui donne. Elle est craintive, très pudique, toujours décemment vêtue. Elle témoigne son affection dans la manière de certains animaux, en s'approchant des personnes, en se frottant contre elles, et en faisant de gestes."

Both this case, however, and all the other cases adduced by M. Esquirol, involve an extent of incapacity, which, painful as it is, facilitates their treatment. Our only object here is to protect the patient against himself, and against others; and again to protect society from the aggression which persons, thus deficient in understanding, are easily led to by temper, or evil passions. For let it be observed, that idiocy, though it may be viewed, for purposes of classification, apart from disorder of the moral department, is rarely found thus separate in practice; just as brutality will eventually damage and weaken the most powerful intellect with which it may co-exist. But in the cases of idiocy above alluded to, there is no question respecting duties to be performed, and rights to be exercised by the patient; a question which involves considerable difficulty, where the deficiency is less complete. In truth, the distinction is often very difficult between the half-witted person, whose actions must be subjected to restraint, and the fool, who may be inflicted upon society, without any other risk than that of producing ennui.

The following case is on the extreme verge of the morbid state, and illustrates a form of idiocy, the interval between which, and the sane state, though impassible, is in many points a narrow one.

Mr. B., the subject of this memoir, is reported to have had fits in early life, and to have suffered extreme neglect, and some ill usage from his parents. He was known as a mischievous child, and my informant, his guardian, tells me that he would steal the hats of his father's visitors, and hide them in the cellar or coal-hole. When he became the subject of attention to his relations, the fact of his incompetency to manage himself became obvious, and was readily admitted by himself. Indeed, although he has decided preferences for various objects, which his state of restraint debars him of, such as wine, of which he is very fond, still he recognises the necessity of this restraint.

The following remarks were made by Mr. B. to his guardian. They illustrate the mixture of conscious incompetency with correct judgment, exhibited in his character.

“ You are sixty-three years old, and therefore may probably die before me: (Mr. B. is forty-five years old :) now, if this should happen, what shall I do for a guardian?—Lord N., who is in the same degree of relationship to me with yourself, is younger than you are.—Will it not be better to ask him whether he will engage to succeed you in your office ?”

Mr. B. requires, however, little surveillance, for he will not trust himself out of the grounds of the house in which he resides. Thus he sits near the garden wall and bargains with pedlars for articles which they sell, but carefully avoids crossing the wall. Of his own incompetency he speaks, with bitter remarks on his parents, to whose neglect he considers that he owes his misfortune.

In conversation, Mr. B. is plausible and distinct. He reads a great deal, and remembers what he has read, so far as to be able to repeat much of it: but, if stopped and questioned in regard to it, he seems at once to lose the whole, and to become absolutely bewildered. He has caught the air and words of several songs, and can play a little on the piano-forte, with the most total ignorance of notes.

When some legal measures became requisite, in relation to his estate, a doubt was naturally expressed by the gentlemen employed, whether he could properly be treated as imbecile; which was decided by a sovereign and shilling being placed before him, and his being desired to take his choice, (he is fond of money,) upon which he eagerly selected the shilling.

Mr. B.'s method of locomotion is peculiar. He shuffles in his walk, and slides, with his body bent forward, as if he were skating. Whatever he meets with in his way, whether a stone or a hole, he would stumble against, or fall into unless prevented; and this, without any imperfection of sight. Accordingly, his walks are limited to a garden terrace, in which he moves backward and forward habitually.

In appetite he is moderate. Though fond of stimulants, he readily allows himself to be limited to the daily use of two glasses of wine. He is grateful for the kindly treatment which he receives from the gentleman at whose house he resides, and, apparently, is attached to him.

The mixture of strength and weakness in this singular case gives ample room for delicate and well balanced treatment of it.

The rules *generally* applicable to the treatment of idiocy do not demand an elaborate statement. Morally, they are such as benevolence and good sense would dictate, in regard to the weakness and the follies of human nature: in a medical point of view, they should be founded on a strict observance of the laws of temperament, with one general consideration, that idiocy is an *asthenic* state, and contra-indicates depletion.

The researches of morbid anatomy have hitherto failed to shed light on the pathology of mental disease. In idiocy we are seldom without evidence that some structural affection of the brain has probably occurred. It is often prefaced by convulsions; sometimes it is the sequel of epilepsy. While these circumstances afford slender aid to our treatment of the disease, it is needless to add, that they deprive us of the faint hope which debility of intellect sometimes allows, that a curative process may be adopted.

Such is the hopelessness of congenital imbecility, and such must be the hopelessness of the *acquired* imbecility of *démence*, when produced by intense overaction of thought and feeling, or by dissipation, and vicious habits.

The paralyzing influence which attends this class of phenomena may, however, operate with less intensity of mischief: it is of extreme importance that this fact should be recognised before time, or neglect or improper treatment has rendered them irremovable. The following case occurs in Sir William Ellis's late work: it enforces the above caution with a better example than any which my own experience suggests; and with it I will conclude this interesting branch of my subject.

"T. T., about fifty years of age, was found wandering in the street, and sent to the house of correction as a vagrant. He was perfectly unconscious of every thing round him, and appeared idiotic. In this state he was sent to the asylum. Though gray-headed, and looking much older than he really was, he had still the remains of a fine person. He was upwards of six feet high, with a countenance and form of head presenting a striking contrast with his imbecile state of mind. He was in good bodily health, and free from all appearance of disease, except a small ulcer on his leg. He was placed among the idiotic patients, and was apparently sinking into the last stage of fatuity. All the information that could be obtained respecting him was, that he had been a soldier. I attempted, day after day, to induce him to enter into conversation, but in vain. 'I have been a soldier,' was the most he would say. Many weeks elapsed without any improvement taking place, and his case was considered quite hopeless. A change for the better took place very suddenly. Without any previous conversation with any one, he requested the keeper to give him a sheet of paper, on which he wrote the following letter.

" 'Madam,

" 'I feel myself completely at a loss for an apology, which would in any way justify the liberty which I am taking. Not personally known to you, I feel a great awkwardness of addressing you, particularly in the character of a petitioner.

" 'I know not, indeed, whether I can do better than state the circumstances which have induced me to adopt this measure.

" 'Some time ago, driven by the greatest distress, I addressed

myself to your husband, hoping that, in consideration of our former intimacy, he would have afforded me some assistance. I remained a fortnight in Loudon without receiving any answer ;—indeed, I have no means of knowing whether this letter reached him.—Since that time, I have been a miserable wanderer through the country, without friends and without shelter. Such has been the severity of my sufferings, that my intellects became unhinged, and I am indebted to the charity of this establishment for the continuance of my wretched existence, and the prospect of being once again enabled to mix in society. Whether either the one or the other will be beneficial, I have my doubts. When discharged from this house, I have no prospect but of again becoming a wretched wanderer, without resource, and destitute of friends. The prospect is truly deplorable ; and yet such, in a short time, must be my fate.

“ ‘ These, Madam, are the melancholy circumstances which have induced me to endeavour to interest you in my fate, a measure which I never should have adopted, if I had not been fearful of a letter to your husband sharing the same fate as the last.

“ ‘ I will not intrude farther on your time, than merely entreating you to pardon me for the liberty which I have taken, assuring yourself that nothing but the most severe distress and despair could have driven me to it.—Should your humanity be so far interested, as to induce you to afford me any assistance, believe me it will be most thankfully and gratefully received.’ ”

To this letter no answer was received : another letter was then written by the patient to a gentleman, who very kindly assisted him. This letter, also is given by Sir W. Ellis. I shall not, however, transcribe it, as it is written in the same style, and with the same feeling as the above, and throws no *farther* light upon the writer's character.

It appeared, on enquiry, that this gentleman had received a liberal education ; that he had been brought up in expectation of having a very large fortune ; but that the relative, on whom he depended, died poor. That he had, however, procured a commission in the army, and had been in India : that he was an elegant scholar, and of fascinating manners.

Sir William reports, that he left the asylum quite well ; and procured a situation, which he retained for some years.

What the sequel of this case might have been, if it had fallen under less tender and merciful hands, it is impossible to affirm. The continued operation of want and misery would probably have rendered it permanent. The supposition that it was incurable, would then have realised *itself*.

CHAPTER XII.

Recapitulation.—Omissions supplied.—“*Critical terminations of Insanity.*”
 —Use of *nauseating remedies* in the physical treatment of Insanity.—Use and abuse of *employment* in its mental treatment.—Relative importance of physical and mental treatment.—Caution against making the Brutal state a ground of exculpation.—Success in the treatment of Idiocy, *how* most likely to be attained.—Views of Dr. Gooch.

To recal attention to the prominent features of an essay, which professes to be elementary, may appear superfluous. I will, however, risk this imputation for the sake of clearness, and at the same time anticipate my reader in noticing some omissions.

It has been assumed, that there are some deviations from health, in which mental phenomena predominate. These have been considered under three heads, with the designations of *Insanity*, *Brutality*, *Idiocy*.

In the consideration of *Insanity*, a suspension of the will has been laid down, as its essential distinction, both in relation to the *sane* state of the human mind, and in relation to the two other heads of the above class. Again, the suspension of will, which belongs to Insanity, has been distinguished from that which occurs in dreams, and in inflammation of the brain.

Brutality and *Idiocy* have been arranged in the category of mental disease in reference to a deficiency or abolition of an essential property of the human mind. The defect in the first case, belongs to the emotive department, in the second case, to the intellect.

We have prosecuted our enquiry into Insanity, first among its moral causes or preventitives; secondly, among those, which are derived from the intellect; and we have ventured to lay down certain *passive* states of the emotive department, as principally concerned in bringing it into action. To the *active* moral principles, we have attributed no such efficiency: and to the intellectual properties generally, we have attributed an influence antagonist to Insanity.

We have considered the imagination, as it regards this subject, in its reference to the intellectual and the emotive departments. In the first point of view, we have esteemed it generally beneficial; in the second, namely, in its influence on the emotive department, generally mischievous.

We have next endeavoured to describe an attack of Insanity, and to follow it through three stages, calling attention to the fact, that *its moral symptoms are the earliest in occurrence*. We have given separate consideration to its most fearful accompaniments, the tendencies to *suicide* and to *homicide*.

With respect to the first of these tendencies we have pointed out the habits of mind which lead to it without any assumption of mental disease; and we have also viewed it in its relation to the actual presence of insanity.

In estimating the relations of insanity to physical phenomena, we have omitted to notice a topic of extreme importance, which has been brought forward most ably by M. Esquirol; we will advert to it in his own terms, namely, as "the critical terminations of Insanity."¹ Among these, however, M. Esquirol classes some phenomena, which give the term an unusually extensive meaning. The occurrence of spontaneous salivation: of eruptive complaints in persons previously subject to them; of copious diarrhœa; of corpulency in persons previously rendered meager by the complaint; of suppressed hemorrhages; and above all, of the suppressed catamenia, are the heads most worthy of notice in this general use of the term. The *extreme* importance of the uterine relief has, perhaps, occasioned *less* importance to be attached to the diminution and reappearance, or to the sudden increase of other secretions and excretions.

The treatment of the insane *state* or the insane *predisposition* consists in a series of moral and medical measures, which are next considered. The points of view, in which insanity is contemplated in relation to treatment, or in other words, the division which may be made of it into species, corresponds in our scheme with the diversities of temperament; by which word we mean certain combinations of physical and moral properties, which are most frequently observed to exist in nature, and have been so designated.

In describing medical treatment I have to regret a very important omission; namely, the use of nauseating remedies in this disease. The large doses in which ipecacuanha and the tartrate of antimony are borne by the patient, without exciting the effort to vomit, and the decisive effect which they produce in shortening and mitigating the second stage of the disease, entitle them to the highest attention. In recommending measures, that may tranquillise the insane *mind*, I have omitted the important topic of *employment*. This, indeed, if cautiously managed, conduces to tranquillity. Gentle manual employment is of great avail in diverting mental irritation; and in this point the habits of females give them a valuable advantage. Of the intellectual faculties that of observation may be cultivated with the greatest advantage; it does not *imply* the continuity of action, which easily runs on into incoherent thought in the insane intellect; and it tends gradually to wean such an intellect from false perceptions.

In regard to the relative importance of physical and mental treatment, the views which I have taken of the symptoms of insanity, as being most conspicuously mental, need involve no difficulty. We are so constituted, that every physical and every mental change in us must on each side involve a reciprocal and sympathetic change. To leave the struggles of our mental nature unaided by physical expedients, would involve an arrogant neglect of advantages placed within our reach; to resign ourselves to such regulation, and to be

¹ Vol. i. p. 336—397.

just and benevolent according to the state of our abdominal viscera,¹ would be to surrender ourselves to a form of moral being, inferior in dignity to the social instincts of the brute creation.

With respect to our second head, or that deficiency of moral perceptions which we term *Brutal*, we enquire into its right to be viewed as distinct from the sane state of the human mind, and also as distinct from insanity; and we illustrate the principles, on which its treatment *ought to be* conducted. And here it is expedient to defend our hypothesis against a possible misapprehension, which might materially affect its practical results; namely, that the criminal actions of persons thus situated may claim exemption from punishment on the ground of irregularity of mind. Now, it is to be observed, that the difficulties which embarrass the question of punishment in some cases of insanity, have no place here. *The existence of delirium is not implied in the brutal state.* And with regard to questions of freedom of will founded on that deficiency of moral perceptions, which *is* implied in that state, the law does not concern itself with this question in any such form. Those who are of sufficient capacity to be aware, *that a given act is forbidden, and that they are committing it*, must pay the penalty attached to its commission, even though the faculty by which they may appreciate its moral unfitness be undeveloped in their minds.

With respect to the last head in my enumeration, namely, idiocy or imbecility, I have been contented with sketching its broad features. For copious illustrations of those features, the admirable work of M. Esquirol may be resorted to with the greatest advantage.

Copious as are these illustrations, and large as is the general quantity of fact which we possess on this subject, our therapeutics in disorders of this class are plainly defective. We want, indeed, *here*, not so much *facts*, as *hypothesis*. We require some Laennec for the cerebral system, who may infuse a new principle of diagnosis, and make our facts available to practice. Had the life and health of the late Dr. Gooch been longer spared, he might have done much;² for no one could better appreciate, than he could, those subtle distinctions, which tell us when we are dealing with an *asthenic* state of the brain, in disorders of infancy. Out of such distinctions, I believe, our success in treating idiocy must spring, if ever success should be granted to us.

¹ For copious illustrations of the base and discreditable side of this question, see *Les Oreilles du Comte de Chesterfield*, par Voltaire, chapter vii.

² The published opinions of Dr. Gooch, to which I advert, are those in his chapter on symptoms of children erroneously attributed to congestion of brain. The danger, which he apprehends to *life* from depletory treatment under such circumstances, may fairly be predicated of many similar patients in regard to *intellect*. The early history of most cases of idiocy is one of "fits;" and the general treatment of fits, when they are presumed to arise from a condition of the brain, is at present calculated to impair the energy of the cerebral circulation.

APPENDIX.

NOTE I.—Page 5.

The suspension of the power of will is here assumed. Mr. Stewart's opinions, to which I have alluded in the text, on this subject, are somewhat vague. "It may be proper to remark," he observes, "that if the suspension of our voluntary operations in sleep is admitted as a fact, there are only two suppositions, which can be formed concerning its cause. The one is, that the power of volition is suspended; the other, that the will loses its influence over those faculties of the mind, and those members of the body, which during our waking hours are subjected to its authority. If it can be shown that the former supposition is not agreeable to fact, the truth of the latter seems to follow, as a necessary consequence.

"That the power of volition is not suspended during sleep appears from the efforts which we are conscious of making, while in that situation. We dream, for example, that we are in danger; and we attempt to call out for assistance. The attempt, indeed, is in general unsuccessful; and the sounds which we emit are feeble and indistinct; but this only confirms, or rather, is a necessary consequence of the supposition, that in sleep the connection between the will and our voluntary operations is disturbed or interrupted. *The continuance of the power of the volition is demonstrated by the effort, however ineffectual.*"¹

Surely the continuance of power is not proved by an *ineffectual* effort.

"The fact seems to be," as Mr. Stewart himself afterwards observes, "that the body is, at that time, not subject to the will."

NOTE II.—P. 14.

(Referred to as Note I.)

The exhibitions of mesmerism may be classed under two heads. Those, which imply the temporary abolition, or perversion, or exaltation of *ordinary* properties; and, those which imply the evolution of certain *new* properties. In the remarks of the text, I mean to advert only to phenomena falling under the first head; namely, insensibility to pain, stupor, and delirium.

The more marvellous phenomena, which fall under the second head, are contained in that state, which the mesmerists term *clairvoyance*, in the power which they assert as existing in their patients, of predicting certain physical changes; and in the supposed conveyance of a mesmeric influence through certain solids and fluids, touched by them. To those gentlemen, who have given in their adhesion to these imputed effects of mesmerism, on the faith of experiments recently exhibited in London, I will venture to submit some remarks, borrowed indeed from one of the

¹ Elements of Philosophy of the Mind, vol. i. p. 330.

soundest philosophers of the day,¹ Mr. Baden Powell, that "it is a violation of all just induction to infer a general property from too limited number of instances," and that "what constitutes a *sufficient* number of instances" must depend upon "the nature of the case," as well as the experience and power of judgment possessed by the enquirer. Thus it is the antecedent probability furnished by the nature of the case, as well as "lighted on by the ingenuity of the enquirer," which favours *confident* and *rapid* conclusions.

The necessity of such caution in regard to the phenomena of mesmerism, even where they fall under the first head, is increased by the probability of imposture, involved in the very nature of the persons on whom mesmerism is practised with success. For mendacity is a symptom of the hysterical constitution, to which class of constitutions it would appear that the best recipients of this influence belong. I know not how far the advocates of mesmerism will accept a defence against the charge of imposture, which concedes the charge as far as the character of their patients is concerned; yet, certainly, if every series of improbable facts, in which there might be some imposture, were rejected *in limine* on that account, we should deny ourselves much valuable knowledge. The mental principles which lead to falsehood in some hysterical cases, themselves involve a curious subject of research.

Physicians assert the delusive nature of hysteria. Most of us have witnessed the simulation and dissimulation practised under this state by persons of previously unblemished honor; and we readily admit the difficulties opposed to our treatment of the disease by the limited state of our pathological knowledge. Shall we then deny ourselves the means of increasing that scanty fund, which an enquiry into mesmerism might possibly afford, because, forsooth, we suspect imposture—in other words, because we suspect the existence of a symptom, which, if not an invariable concomitant, is at least one of the most frequent accidents to the disease, which we profess our wish to unravel? Yet such is the value of the reasoning employed against enquiry into mesmerism, when it is put aside on the ground of imposture, by those who admit its connection with hysteria.

NOTE III.—P. 28.

The following remarks occur in the theory of moral sentiments; I extract them, as they appear to suggest a different conclusion from mine. "The principle of suicide," says Mr. Adam Smith, "the principle which should teach us upon some occasions to consider that violent action as an object of applause and approbation, seems to be altogether a refinement of philosophy. Nature in her sound and healthy state seems never to prompt us to suicide. *There is, indeed, a species of melancholy, a (disease to which human nature among its other calamities is unhappily subject,) which seems to be accompanied with what one may call an irresistible*

¹ Powell on the Connection of Natural and Divine Truth, p. 22. The remarks of Mr. Powell, as establishing criteria of the adequacy of analysis, are beyond any praise that I can bestow.

appetite for self destruction." This view is apparently adopted by Mr. Smith in deference to his favourite principle. "When we have neither been able," he observes, "to defend ourselves against distress, nor have perished in that defence, no natural principle, no regard to the approbation of the supposed impartial spectator seems to call upon us to escape by destroying ourselves."¹

Now this reasoning involves a proposition, in which few will concur with Mr. Smith; that any line of conduct must be morbid and unnatural, which we are not induced to adopt by the approbation of his supposed impartial spectator.

NOTE IV.—P. 41.

As the word *temperament* frequently occurs in this essay, I will endeavour to lay before my readers the sense in which it is used. I am the more induced to do this by some remarks which occur in an ingenious article in the *British and Foreign Quarterly*,² in which the reviewer expresses his surprise that such an "imaginary entity," as the bilious temperament, should engage attention.

The reviewer appears to forget, that the "vagueness," of which he complains in the *term*, is adherent in the *subject*; but that the uncertain expression of a given class of ideas will often be better, than no expression *at all*, provided the limitedness of the information thus conveyed be kept in mind. Mathematical statements allow of a perfect definiteness, because we permit ourselves in their case to employ a process of abstraction, which disencumbers our view of all that is not definite. But when this is attempted, and it is too often attempted, in medical description, we obtain a dry affirmation of phenomena, which neither represents the disease which we have to cure, nor the remedy which we have to use, nor the person whom we have to treat. The term *Temperament* has for many centuries been found a convenient generalisation; and unless we propose to sacrifice knowledge at the altar of logic, we must still be contented to use this, or some other equally indefinite term.

The following statement is extracted from an Essay, which I published in 1831, on the relation of temperament to indigestion.

"The subject of temperament has generally been considered under four heads. Thus we have the Bilious, the Nervous, the Sanguine, and the Serous Temperament.

BILIOUS TEMPERAMENT.

"Various descriptions more or less fanciful have been given of the properties combined under the term bilious temperament; and the relation in which they stand to the phenomena of the liver.

"In some points, all who use this term, seem to agree as to its meaning. The expression bilious temperament assumes the tendency to a copious secretion of bile in the person of whom it is predicated; and this is compatible with a sound state of health. The morbid form of the temperament implies an obstructed, or vitiated, or excessive secretion.

¹ Vol. ii. p. 216, 10th Edition.

² Vol. v. p. 384.

"When a bilious temperament is spoken of, as it often is, in some contrast with the sanguine or with the serous temperament, a habit of body is assumed in the two latter cases in which disorders of the circulating system are most prevalent.

"In contrast with the nervous temperament, which implies irritability, the bilious supposes a state of obstruction and oppression.

"The bodily conformation of the bilious is usually represented as rigid and spare, rather than full or largely developed.

"The effect of bilious temperament upon complexion is to render it less clear, less brilliant, more sallow, than the same complexion is, whether dark or fair, under the sanguine temperament. In this sense alone, we are authorised to describe it as influencing *colour*. The *texture* of the skin seems on the other hand very materially related to temperament. In the bilious compared with the sanguine, it is harsh, and often arid. The sanguine temperament assumes a remarkable smoothness and elasticity as well as brilliancy of the skin.

"*'Cependant sans cette maudite bile on ne gagne pas de grandes batailles,'* said Bonaparte, according to M. Ségur, after complaining of its inconvenient effects in deranging his temper. Now, fanciful as this remark, and a great deal more of the same kind may appear, I am not prepared to assert that the universal impression as to the bilious predisposition implying peculiar qualities of a moral and intellectual kind, is unfounded.

"Among the most admitted traits, I should enumerate a gloomy but active imagination, a jealous, distrustful, and unsatisfied disposition, and an anxiously reflective cast of thought.

"The dissatisfied nature of persons thus predisposed, would account for the stirring, restless, and ambitious course of action with which they are often charged. Such *would be* the prominent features of a life, in which it is assumed that *present* and *possessed* enjoyments become, *as such*, comparatively valueless.

"One of the most distinctive features in this moral character is the combination which it often displays of extreme and restless anxiety to been gaged in some employment, with a dull lethargic state of intellect, which precludes useful exertion.

"We may, indeed, generally observe that the efforts of the bilious fall short of their aspirations.

"The works of Cabanis and Richerand may be consulted for a very diffuse and fanciful account of the temperament, which I have endeavoured to sketch.

NERVOUS TEMPERAMENT.

"The principal characteristics of the nervous temperament may, perhaps, be thus stated. First, that it is highly susceptible of impressions; secondly, that impressions once made are easily re-excited; thirdly, that when it is in the state of morbid action proper to it, the solids of the body exhibit earlier and more marked phenomena than the fluids.

"In the well developed nervous temperament, the susceptibility is so much heightened, that affections of that system are capable of being propagated, as if by infection, from one person to another. The hysterical spasms are often communicated; and it must be by this kind of

sympathy that the remarkable influences of animal magnetism¹ are produced. To say that these and similar influences operate on the imagination, and thus to represent the consequent symptoms as in some sort unreal, is a very unphilosophical escape from the difficulties of the subject. The word imagination is used in different senses at two stages of this argument. To say that in many nervous cases the imagination is highly excited, so that the morbid impression is conveyed through that medium is sound and reasonable. But afterwards in describing the case to give to imagination its other and popular sense—that of non-reality, is to obtain our assent to an unreal proposition through a very gross logical sophism. Of course the nervous complaint may be imaginary in the latter sense of the word, that is, unreal, and so may any other complaint; but this state of the case must not be assumed, on the ground that the *faculty of imagination*, which is as real as any other that we possess, happens to be the seat of the disease.

“Nervous susceptibility may be viewed in relation to this temperament under three important heads, which I will briefly consider.

“A person of a vigorous intellect, and of a firm and intrepid spirit, may be so organised, that the loss of a trifling quantity of blood by the lancet shall produce syncope, even when he is in a high and complete state of health. Of this I know an instance in a very gallant officer, who has lost blood copiously from wounds without any such result; but whom on the above account, it is very difficult to bleed.

“Now in this case two points may fairly be assumed. First, that it is not the *quantity* of the blood taken by the lancet, but some influence produced on the nervous system of the patient, that occasions the loss of power. Secondly, that the part of his nervous system, which receives first this impression, can scarcely be considered as having any reference to his intellectual or moral character. In this case therefore, we must conclude, that the impression conveyed by the nerves is primarily of a physical kind; or in other words, that it operates on a part of his system, which does not concern him either as a moral or as an intellectual agent. Whatever suspension of the powers of mind has ensued is secondary. This kind of nervousness I shall, therefore, call *bodily* or *physical*.

“Totally distinct from this is the susceptibility of nervous affection from moral impressions; a species of nervousness which I shall call *moral*. It is remarkably shown in the bodily symptoms occasioned by timidity. But in each individual it must vary in form according to the class of emotions to which he is predisposed.

“Both of the foregoing species may be illustrated by the phenomena of hysteria. This affection may arise out of a series of moral feelings influencing the nerves of the uterine system, which once excited, occasion the various spasmodic symptoms distinguished by that name. Or it may arise from an irritation commencing in the womb, and not propagated from any prior emotion of the mind. In the first case, hysteria has a moral, in the second it has a physical origin. And how different will its treatment be in these two cases, if justly distinguished and appreciated!

“Thirdly, there are persons in whom some operations of the *intellect*

¹ This was written and published in the year 1831.

instantly produce a disturbance in the nervous system, which greatly interferes with the success of these operations, I have heard the sufferer describe this state of his nerves, as occasioning a cloud or mist suddenly to diffuse itself through his mind. In this way nervous defects in articulation may be explained. A gentleman of very distinguished talent, singularly free from the two forms of nervousness above described, is well known by his friends to labour under the third. The occasions on which this defect have been observed in him are usually those in which the time for the performance of an intellectual task happens to be limited, the spectators or witnesses numerous, the object important. It is not that he feels more apprehensive of competition, or more anxious about the event than other men similarly situated, but that his intellectual powers require to be humoured in every way, and are perplexed by circumstances to which others of a more hardy though less powerful intellect, would be impassive. Now this state of the understanding is liable, unless the above distinction is appreciated, to be treated as obstinacy or stupidity, or as deceit; because it wants those external phenomena of nervousness which are conspicuous in the physical, and yet more so in the moral form.

"This therefore, I shall call intellectual nervousness.

"Whether the above division is adequate and just, must be decided by more impartial judges than I can be. Of this, however, I am sure, that the practitioner who should undertake the treatment of any disease modified by the nervous temperament without possessing *some* arrangement of its phenomena, would find himself involved in perplexities difficult to unravel.

SANGUINE TEMPERAMENT.

"It may seem needless to remind my reader that I am laying before him the tendencies of the several temperaments, and not following them into their complete development. It will however be observed, in popular as well as medical discussion, that each of these temperaments is habitually associated with one of its opposed states in regard to health and disease, rather than with the other. Thus the term bilious is associated as soon as used with a train of morbid phenomena. Such is also the habitual association, when the nervous or the phlegmatic temperament is alluded to. Our first impression when these are named, presents us with the *defects* incidental to them. But the sanguine temperament seems in its ordinary form allied to healthy rather than to morbid actions. It implies a free and energetic circulation, a well developed but firm muscular system, and a powerful conformation of the whole person. The complexion is usually florid, but the principal characteristic of the temperament in *this* point is 'brilliancy.' This term best expresses in English what would, I believe, in Latin be 'nitor.' The moral and intellectual properties of the sanguine are assumed to be such as correspond with a vigorous structure. These are vivacity, energy and confidence. It is, I believe, not an ungrounded remark, that the buoyancy, the brilliancy, the joyousness of the sanguine temperament somewhat indispose the mind for persevering exertions of thought. Hence the advantage possessed in comparison with it by the bilious temperament.

PHLEGMATIC OR SEROUS TEMPERAMENT.

“The main characteristic of this temperament is a deficiency of energy. It admits of a division into two heads. One embracing those cases in which the want of energy appears connected with a want of excitability; the other comprising those in which it is connected with a want of power.

The first of these divisions is well described by the popular term *relaxed*, the other is the basis of the asthenic or feeble constitution, and, as such is productive of the long and melancholy class of scrofulous affections. In both of these forms of the serous temperament, the natural complexion is most frequently pallid. In both there is a remarkable absence of buoyancy and resiliency of habit. But the skin of the relaxed person, though pallid and bloodless differs wholly from the unwholesome delicacy of the asthenic, and his muscular system is often even largely developed, while, on the other hand, in the asthenic form it usually happens, that the bodily structure, if not actually small, is rather fat than muscular. Persons of the relaxed habit are colourless; while the complexion of the asthenic is often of a delicate redness. The pulses of both, except when fever occurs in the asthenic, are languid; but the languor of the relaxed seems connected with sluggishness, that of the asthenic, with feebleness. In the relaxed person there may, indeed, be power, but it is difficult to communicate an impulse which may bring that power into action. In the asthenic the impulse communicated is indeed felt; but it elicits no reaction. It only exhausts.

In regard to moral and intellectual characteristics, as well as those which are purely physical, the serous temperament is well distinguished into the above varieties. The habitual sluggishness of simple relaxation, and on the other hand, the feeble virtues and vices and the languid conceptions of the asthenic class are easily recognised. The character of Dr. Johnson was apparently of the first kind; which, it may be remembered, is compatible with power. Such were *his* strong but cumbrous exertions, slowly excited by the stimulus of necessity. . . . Without some reference, indeed, to his languid temperament it is difficult to account for the indifference with which a man so competent and so disposed to investigate could leave questions of extreme philological importance to take their chance in the course of his execution of his dictionary.

For instances of the asthenic class we must not explore the annals of intellectual or moral greatness. In its simple form this kind of character passes through life unnoticed and unattractive. When complicated with the nervous temperament, it produces a kind of sensitive but powerless enthusiasm, which is in low repute as a quality of *men*, but is often painfully beautiful in the other sex; painfully, I say, because in the latter case we *can* give it our sympathies. For the want of defensive power, which it implies, and which we are always disposed to treat contemptuously, when observed in man, is no blemish in the character of woman.

NOTE V.—P. 48.

“*Morum tempora illi diversa; egregium vitæ famæque, quoad privatus vel in imperiis suis sub Augusto fuit; occultum et subdolum fingendis virtutibus donec Germanicus et Drusus superfuerunt: idem inter bona*

malaque mixtus incolumi matre : instabilis sævitia sed obiectus libidibus, dum Sejanum dilexit timuitive, postremo in scelera simul et dedecora prorupit, postquam, remoto pudore et metu, suo tantum ingenio utebatur."¹

The terrible state of mind habitual to this bad man, is shown in the following letter from him to the senate ;—"Quod scribam vobis P. C. aut quomodo scribam, aut quid omnino non scribam, Dii me deæque prejus perdant, quam perire me quotidie censeo, si scio."² This letter does not relate to any peculiar emergency, nor does it express any specific source of dissatisfaction, but the unaffected bitterness of his character, overcoming for a moment his ordinary dissimulation.

NOTE VI.—P. 49.

The classification of vice afforded by Aristotle gives us three leading divisions.

The first head is that form of vice, through which a man errs against his judgment, and deliberate choice, under the influence of passion. The second is that in which his deliberate choice has been corrupted and made to conspire with his inclinations; in the first case, the moral principle, as we should call it, is conquered, but not corrupted. In the second case, its corruption has been effected. The third form of vice, which may be deduced from the ethical writing of Aristotle is that which I alluded to in the text; in which the faculty of moral choice is non-existent, or undeveloped.

I am not aware of any other writer, who has traced the above important distinction with equal clearness and depth.

NOTE VII.—P. 50.

N. B., aged 16, was described to me by his father, who came to consult me, in regard to his management, as a boy of a singularly unruly and untractable character, selfish, wayward, violent without ground or motive, and liable under the paroxysm of his moodiness to do personal mischief to others; not, however, of a physically bold character. He is of a fair understanding, and exhibits considerable acuteness in sophistical apologies for his wayward conduct. He has made little progress in any kind of study. His fancy is vivid, supplying him profusely with sarcastic imagery. He has been subjected at different times, and equally without effect, to a firmly mild and to a rigid discipline. In the course of these measures, solitary confinement has been tried; but to this he was impassive. It produced no effect.

He was last in a very good seminary in a town in ———, where he drew a knife upon one of the officers of the establishment, while admonishing him; and produced a deep feeling of aversion in the minds of his companions, by the undisguised pleasure which he showed at some bloodshed which took place in this town during the disturbances of 18—.

He has not appeared to be sensually disposed, and he is careful of property. His bodily health is good, and he has never had any cerebral

¹ *Saciti Annal*, lib. x.

² *Lib. vi.*

affection. This boy was further described to me as progressively becoming worse in his conduct, and more savagely violent to his relatives. Still I easily discovered that he was unfavourably situated; for his relations appeared to be at once irritable and affectionate; and the total failure of various plans of education was throwing him entirely upon their hands.

As an instance of the miserable pleasure which he took in exciting disgust and pain, I was told, that when 13 years old, he stripped himself naked and exposed himself to his sisters.

When I saw him, (December 8th, 18—) he received me courteously but suspiciously; his demeanor was soft, but there was a bad expression about his mouth; I believe his *eyes* gave him the appearance of softness; they were large and dark; his skin was smooth; he was small of his age, not having grown for some years. On my addressing him in regard to his peculiarities, he equivocated and became irritable; and he asserted that he was under impulses which he could not resist. He spoke unkindly of his father, and tried to snatch out of my hand a very wicked letter written by himself to one of his relatives, which I produced as an evidence of his misconduct. This peculiarity seemed to pervade his views of his own conduct,—that he contemplated past offences, not only as what could not be recalled, but also, as what ought not to be remembered to his disadvantage.

Having satisfied my mind by careful observation, that the accounts given by his relatives were substantially correct, and that the ordinary principles of education, however skilfully applied, would here lead to no salutary result, I suggested the following line of treatment, as calculated to give him his best chance of moral improvement. Let him reside in the neighbourhood, or, if possible, in the family of some person competent to undertake this charge, under the attendance of two trustworthy men, who should be subject to the authority of the superior above alluded to; one of these persons should be in *constant* attendance upon him; but if coercion should be required in order to induce him to comply with reasonable requests, both should be employed so as not to make such violence necessary as should produce the slightest bodily pain. The object of this plan would be to accustom him to obedience, and by keeping him in a constant state of the exercise of this quality, for such a length of time as might form a habit, to adapt him to live in society afterwards, on terms of acquiescence in its rules.

Now the principle of management suggested here, is that ordinarily applied to insane patients alone; but this young man could not be considered insane in any accredited use of the term. He was totally free from false perceptions, or inconsequential thoughts; he was neat in his person, agreeable in his address, and of an intellect above rather than below par. Yet, education in its appeal to the moral principle had been tried on him in many various forms with total success: youth was advancing into manhood; and his chances of attaining a state, in which he might be a safe member of society, were becoming slender according to any of the usual methods of moral education.

The case seemed to warrant the application of the principle recommended; and after much thought, I determined to try it in the only way in which it was practicable *to me*, namely, in the walls of an establishment, a few miles from the place in which I resided, the proprietor of

which was well known to me for excellent judgment and an amiable character.

I took him to this establishment, accompanied by his father and another relative, showed him at once into his apartment; and briefly told him, why he was placed there; and how inflexible he would find his restraint there, until he should have gained habits of self-control. At the same time I pointed out to him the beautiful and wide grounds of the establishment, and the many comforts and enjoyments which he might command by strict obedience. This I stated to him in the presence of his two relatives, whom I then at once removed from the room. When I saw him about an hour afterwards, the nearest approach to surprise and annoyance which he made, was the expression, "that he never was in such a lurch before." He wished to see his father again before he left the house, not, however, apparently from motives of feeling, but in order to address some persuasives to him against the scheme. I refused this interview.

For about a fortnight he behaved extremely well. He then lost his self-command, kicked his attendant, and struck him with a bottle of medicine. On this, I went over to see him; he vindicated himself with his usual ingenuity; but looked grave and somewhat frightened,—when I told him, that if he repeated this offence, he would be placed in a strait waistcoat, not indeed as a punishment, but as a means of supplying his deficiency of self-control. He expresses no kindly feeling towards his relatives; but confesses the fitness of his treatment and confinement. It appears to me, that he is tranquillised by his utter inability to resist.

January 16th, 18—. Visiting N. B. to-day, I told him, that he might write letters to his father or uncle, but that he would at present receive none from them. To have refused him permission to write letters would have been tyrannical; besides, they would afford insight into his character; to have allowed him to *receive* letters, would have been an interference with that principle of entire separation from his family, which I wished to maintain, until he should have learned the value of those ties to which he has been indifferent. He made complaints in very unimportant matters against his servant, to which I paid attention, but gave no credence. Great unfairness in these remarks. I have endeavoured to make him understand, that in dealing with Mr. N—, the proprietor of the establishment, and myself, he can neither enjoy the pleasure of making us angry, nor hope for advantage from sophistry. But that strict justice will be done him, upon the terms originally stated to him.

In a letter to his father about this time, I observe—"the plan evidently works well. He is practising self-restraint successfully; not indeed from conviction of its moral fitness, but from having ascertained its necessity. He is aware of the state of entire subjection in which he is placed; and yet his spirits do not flag, neither does his health suffer. It is curious, that he has ceased to use his old argument in conversation with me, that past conduct ought not to be taken into the account in regard to present proceedings." From the time above alluded to, during his stay at the establishment, which I continued for fourteen months, no farther outbreak against authority took place. He ceased to be violent, because the indulgence of violence would imply risk of inconvenience to himself, without the comfort which he had formerly derived from it in exciting the anger of his friends or giving them pain.

Sophistry was thrown away upon us; his complaints of the hardship involved in the nature of the restraints imposed upon him, namely, the limitation to the grounds of an establishment, and to regular hours, and the constant presence of an attendant, were met by a calm affirmation, that he had himself admitted the necessity of control; and that he had surmounted every other form of it. I encouraged correspondence with myself; but, when any one of his letters was insolent or wayward, I declined accepting the next letter, until some time should have elapsed. He read much; for we supplied him with books, and I sometimes engaged him in literary conversation; two or three times I obtained from him a tolerably well construed Latin lesson. This, however, was to him a school of moral rather than intellectual advancement. A sustained attempt at private tuition would, under present circumstances, have supplied too many opportunities of irritation between the master and the scholar. The temper requisite for the reception of knowledge, and the cultivation of the intellect was *being formed*, and could not safely have been *assumed*. The same consideration induced me to postpone applying to him the motives and sanctions of revealed religion. It gradually became observable, both to myself and the proprietor of the establishment, that he was becoming comparatively happy: he entered freely and with little acrimony into conversation with us. His complaints of the injustice of his detention became formal, and assumed the character of lodging a protest, rather than making a remonstrance. Sometimes he very undisguisedly admitted the freedom from unhappiness, which he experienced in his present state, and compared it favourably with that in which he had previously lived, always wretched himself, but occasionally enjoying the miserable comfort of making others yet more wretched. In the course of several of my interviews, I observed the valuable influence exercised on him by the fear of becoming irregular in mind, through the indulgence of intemperate violence. The place, in which he was staying, had supplied him with a few cases in point. One young man, who had struck his father, and from that time was a wretched maniac, drew his attention.

He generally dined alone; occasionally, by invitation, with Mr. N.'s family. He associated with some of the patients. He never made any attempt to escape from the place; in fact, he felt himself mastered, and submitted.

After he had been about a year in this place, he exhibited a trait of character, which gave us pleasure. We found that he had given ten shillings to an attendant on his leaving, by whom we had reason to believe, that he had not been very respectfully treated.

But the increasing quietness, with which he adverted to, and remonstrated against his detention, most tended to assure us, that we might soon bring it to a close.

The time indeed was now arriving, at which it seemed reasonable to bring to a conclusion a method of treatment, which nothing could have justified in the case to which it was applied, except the extreme importance of the principle which it embodied, and the difficulty of finding any other means of carrying that principle into effect. By the month of May, I obtained for my young friend a private tutor, a clergyman, in whose family he should reside on leaving the establishment with three or four other private pupils, and I determined, that he should be removed thither

by one of those relatives, who had conveyed him to the establishment. The following extract from a letter, which I wrote to his father, May 18th, —, refers to this circumstance—

“On the 15th of this month, Mr. — performed the anxious duty of removing your son from the establishment, in which he had resided fourteen months. When I review the time there spent by him, and the plan there adopted, I feel a strong belief, that this plan has been a wise one, and will turn out a successful one. There are two points of view in which its success may be estimated: one of them, the lowest, that it may enable your son to pass through life comfortably, and with a due acquiescence in the habits of society: the other, that it may have formed a basis on which moral habits may be constructed; so that, eventually, right conduct may be pursued by him, not merely as expedient, but as right. The progress actually made by your son is threefold. He is tranquillised; he is furnished with the power of restraining himself; and he has found out the pleasure of living in an orderly and regulated manner. It is indeed curious, in regard to the latter point, that he has more than once assured me, that he had experienced more happiness at —, than he ever recollected to have experienced before. This statement he has made to me very undesignedly.” I may observe, that this young man had grown remarkably, and improved in health, during his stay at the establishment. No medicine, except an occasional aperient draught, had been given him.

At the private tutor's, my young friend was considered gentlemanlike, and companionable; if opposed and thwarted, he showed no symptoms of his *ancient* violence: waywardness was discoverable occasionally, but it was no longer a property which defied self-control.

On leaving his tutor's at the end of about a year, in order to commence professional studies, he dined and slept at my house, and conducted himself in a cordial and agreeable manner.

In order that the successful issue of this case, verified, as it has been, by my subsequent enquiries, should not place the system under false colours, I may observe, that I do not think, that it could have been carried out in this form, but for certain points of character existing in the patient, which adapted him to the treatment applied. Without possessing active courage, he had much firmness and power of endurance; and although his scanty moral principle had not given him habits of veracity, yet he possessed in a high degree the tendency to think aloud: he was naturally frank. Indeed the openness with which he would let out those thoughts, which it was most his interest to keep secret, was in constant contrast with the perfect unfairness and disingenuousness of his arguments in support of *them*, or in vindication of his conduct. Now the firmness of his character enabled him to endure what would have shocked weak minds, the name of a mad-house; while his frankness made it *impossible* for him to conceal his thoughts and feelings, and thus enabled both myself and the excellent proprietor of the establishment perfectly to estimate the effect of our measures on his character while they were proceeding.

One valuable application I was enabled to make to this interesting case, of which circumstances had precluded the use to those, who had previously been concerned in its management. My pupil had been treated with affection, he had been tenderly entreated to conduct himself well, he

had been threatened, he had been scolded, he had been punished ; *but he had never been praised.* His hardness of heart had prevented him from feeling the appeals of affection, his pride and inflexibility had enabled him to set threats, scoldings, and punishment at defiance. For praise there had been little room in his past history. But while I was wielding over him the terrible infliction of continued confinement, the firmness, with which the last mentioned attributes of his character enabled him to bear it, gave ample opportunities for praise ; and although self-esteem predominated over vanity in his character, still he received this tribute with pleasure, on account, perhaps, of its novelty, as well as its agreeableness. Meanwhile the circumstances, under which it was given, effectually prevented it from raising him in an undue degree in his own opinion.

To those who are conversant with the regulations of lunatic asylums, a question may occur, how this case was brought before the visiting magistrates in their visitations : the answer to this question involves a curious fact in the conduct of the patient. I distinctly laid before these gentlemen, to whom I was well known, the phenomena of my patient's mind, not as involving either insanity or idiocy, but as incapacitating him for self-management to as great a degree, as either of those states could. I explained the principles on which I hoped to give him the requisite power of self-control, or possibly to awaken the moral sympathies of his character. My explanation appeared to them satisfactory : it certainly was borne out by the improvement, which they noticed, as time proceeded, in his expression of countenance. Meanwhile I had expected with some anxiety, that my young friend would have taken a very natural advantage of his interviews with these gentlemen to procure his own enlargement. His gentlemanlike appearance would have aided the eloquent appeal, which I knew he was very capable of making ; and I prepared to meet the difficulty as I best might. Nothing, however, happened. On such occasions he received the visiting magistrates in his apartment without expressing any dissatisfaction with the place, or making the slightest allusion to his *confinement* there. How far pride contributed to this reserve ; how far, again, the imposing character of the restraint, to which he was subjected, had impressed him with the idea, that to struggle against it would be useless, and that patience was his best policy, I was unable to determine.

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